

264110-036-133
 United States
 Department of Commerce
 Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **333054**
 Local Reg. No. **6**
 Reg. Dist. No. **341**

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County **Blaine** (b) City **Fairview**
 (c) Street Address or R.F.D. No. **Rt. 3, Preston**
 (d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county **2** years **2** months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State **Idaho** (b) County **Blaine**
 (c) City **Fairview**
 (d) Street Address or R.F.D. No. **Rt. 3, Preston**
 (e) How long has MOTHER lived in Idaho? **2** yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child
 (Month, day, year) **Feb. 10, 1910.**

4. FULL NAME OF CHILD

Ross Allen Bodily

6. Sex **Male** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME **Frank E. Bodily**
 11. Color **Caucasian** 12. Age at time of THIS birth **29** yrs.
 13. Birthplace **Fairview, Idaho**
 (City or town) (State or foreign country)
 14. Exact Occupation **Farmer**
 15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME **Ellen L. Allen**
 17. Color **Caucasian** 18. Age at time of THIS birth **23** yrs.
 19. Birthplace **Core, Utah**
 (City or town) (State or foreign country)
 20. Exact Occupation **housewife**
 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **yes Isonitrate**
 23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **1**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **born alive** at **8 A.** M. on the date **Feb. 10, 1942** and at the place stated above, and that personal particulars were furnished by **Frank E. Bodily**, who is related to this child as **father** (First name) (Last name)

25. Attendant's OWN signature **G. W. Seles** M.D. Midwife Address **Preston Idaho** Date **2-10-42**

State of **Idaho** County of **Blaine** ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **G. W. Seles** of the person whose name appears in Item 4, above, that I am now **29** years of age, that I have known this person for **29** years, and that **Frank E. Bodily**, who attended this birth, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature **G. W. Seles**
 P. O. Address

Subscribed and sworn to before me this **10** day of **Feb.**, 19**42**
 (SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **Jan. 27 - 1942** by **G. W. Seles** Registrar.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

294-285-001-612

This was the first child born in the new maternity hospital

333057

United States (Be sure the information is as of date of birth of THIS child) State File No. **333057**
Department of Commerce
Bureau of Census **FEB 24 1942** **CERTIFICATE OF BIRTH** Local Reg. No.
STATE OF IDAHO **333 057** Reg. Dist. No.

1. PLACE OF BIRTH

(a) County..... (b) City.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
St. Lukes Maternity Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home..... days.
IN THIS county..... years..... month..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address.....

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD

Kathryn Kimball

5. Date of Birth

(Month, day year) Dec. 5, 1910

6. Sex Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Alma Kimball

11. Color or Race White **12. Age at time of THIS birth** 30 yrs.

13. Birthplace Meadowville, Rich Co., Utah
(City or town) (State or foreign country)

14. Exact Occupation Teamster for Brewing Co.

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Katie Gertrude Wasden

17. Color or Race White **18. Age at time of THIS birth** 25 yrs.

19. Birthplace Gunnison, Sanpete Co. Utah
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

26. (a) FEB 24 1942
(Date received)

(b) [Signature]
(Mother, etc.)
(Registrar's signature)

25. Attendant's OWN signature

M.D.

27. Given name added on..... by.....
(Registrar's signature)

and address..... Date.....
(D.O., Midwife, etc.)

State of Utah } ss.
County of Summit

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Katie G. Wasden Kimball Nealey, being first duly sworn, say that I am the mother of Kathryn Kimball as the mother, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Handy, who attended said birth I do not know and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Katie G. Wasden Kimball Nealey Signature
Coalville, Summit County, Utah O. Address

Subscribed and sworn to before me on this 5th day of November, 1941.
(SEAL)

[Signature] Notary Public, residing at Coalville, Utah.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

FEB 25 1942

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 333072
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 3
(e) How long has MOTHER lived in Idaho? 39 yrs.

4. FULL NAME OF CHILD

Ralph Benjamin Allen

3. RESIDENCE OF FATHER (city, state)

Boise Idaho
5. Date of Birth of Child,
(Month, day, year) May 23 1910

6. Sex

M

Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Ben F Allen

11. Color or Race

W

12. Age at time
of THIS birth 30 yrs.

13. Birthplace

Clay Center

Kansas

14. Exact Occupation

Farmer & Carpenter

15. Industry or Business

Farmer & Carpenter

MOTHER OF CHILD

16. FULL MAIDEN NAME

Ella M. Shepherd

17. Color or Race

W

18. Age at time
of THIS birth 28 yrs.

19. Birthplace

Clay Center

Kansas

20. Exact Occupation

House Wife

21. Industry or Business

House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 4 P.M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Ben F Allen, who is
related to this child as father
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature

M.D.
Midwife

Address

Date

State of Idaho ss.
County of Ada

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father and Mother of the person whose name appears
in Item 4, above, that I am now 20 and 59 years of age, that I have known this person for nearly 20 years, and that
Dr J E Froom (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Ben F Allen Ella M. Allen Signature
P. O. Address

Subscribed and sworn to before me this 20th day of February 1942 Notary Public for the State of Idaho

(SEAL)

Wawatawa

Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Jan. 20, 1945

Received for filing on FEB 25 1942 by Mary Elder Registrar.

VEEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

286-207-014-466

333094

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 621 Everett St.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
IN THIS county 22 years 11 months -- days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 621 Everett St.
(e) How long has MOTHER lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell, Ida.

4. **FULL NAME OF CHILD** Ilano Emergene Shorb

5. Date of Birth of Child
(Month, day, year) 1/7/19

6. Sex Female 7. Twin or Triplet No If so--born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Cormac Joseph Shorb
11. Color White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Massillon, Ohio
(City or town) (State or foreign country)
14. Exact Occupation Editor and Publisher
15. Industry or Business Caldwell News

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Talitha Moore
17. Color White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Sibley county, Minn.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive 2 A. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Lillian Shorb, who is related to this child as Mother
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Idaho County of Canyon } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above; that I am now 65 years of age, that I have known this person for 32 years, and that James Young, who attended this birth, Is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Lillian J. Shorb Signature
515 Cleveland Blvd., Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of February, 1942.
(SEAL) Berna E. Thompson Notary Public, residing at Caldwell, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.)

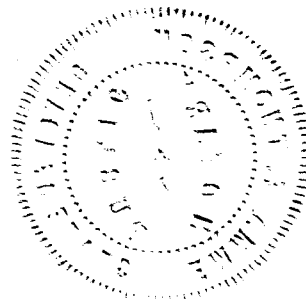
Received for filing on.....by....., Registrar.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 11 1942

State File No. **333114**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County... Naz. Perce (b) City... Southwick...
(c) Street Address or R.F.D. No. 1...
(d) Name of Hospital or Maternity Home: None...
(e) Mother's stay **BEFORE** delivery: 2 years 2 months 2 days
IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State... Idaho (b) County... Naz. Perce...
(c) City... Southwick...
(d) Street Address or R.F.D. No. 1...
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
3. RESIDENCE OF FATHER (city, state) Southwick Ida.

4. FULL NAME OF CHILD... Aaron Monroe Graham Wells...
6. Sex Male **7. Twin or Triplet** No **If so—born 1st, 2nd, 3rd** 1st

5. Date of Birth of Child (Month, day, year) April 12 1910
8. No. months of Pregnancy 9 **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME... George Henry Wells...
11. Color or Race... White **12. Age at time of THIS birth**... 31 yrs.
13. Birthplace... Reverton Nebraska...
(City or town) (State or foreign country)
14. Exact Occupation... Farming...
15. Industry or Business... Farming...

MOTHER OF CHILD

16. FULL MAIDEN NAME... Grace Gertrude Graham...
17. Color or Race... White **18. Age at time of THIS birth**... 20 yrs.
19. Birthplace... Wescot Nebraska...
(City or town) (State or foreign country)
20. Exact Occupation... Housewife...
21. Industry or Business... Housewife...

22. Name prophylactic used to prevent Ophthalmia Neonatorum... Silver Nitrate...
23. Number of children of this mother: (a) At time of birth and including this child... 1... (b) Born alive and now living... 1...

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was... at... M. on the date... (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by... who is related to this child as... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D. Midwife Address Date**

State of... Idaho } ss.
County of... Clearwater

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the... mother... of the person whose name appears in Item 4, above, that I am now... 52... years of age, that I have known this person for... 31... years, and that Dr. Rothwell... who attended this birth... is now deceased... I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace G. Wells Signature
Cavendish, Idaho P.O. Address

Subscribed and sworn to before me this... 4th... day of... February... 19... 42...
(SEAL) Samuel Wayne Notary Public, residing at... Orofino, Idaho...
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on... **FEB 11 1942**... by... Mark E. Eder... Registrar.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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295-206 214 554

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 20 1942

State File **333123**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County... **Canyon**..... (b) City... **Emmett**.....
(c) Street Address or R.F.D. No. **Mokinley, one**
(d) ~~Block~~ **block south of Main** corner **house**
(e) Mother's stay **BEFORE** delivery:
IN THIS county **1** years **5** months ? days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State... **Idaho**..... (b) County... **Canyon**.....
(c) City... **Emmett**.....
(d) Street Address or R.F.D. No. **Same as in #1.**
(e) How long has **MOTHER** lived in Idaho? **1** yrs.
3. RESIDENCE OF FATHER (city, state) **Same**

4. FULL NAME OF CHILD **Pearl Marie Kinsey**

5. Date of Birth of Child **9--11--1910**
(Month, day, year)

6. Sex **Female** **7. Twin or Triplet** **If so—born 1st, 2nd, 3rd**

8. No. months of Pregnancy **Nine** **9. Legitimate?** **Yes**

FATHER OF CHILD
10. FULL NAME **William Kinsey**
11. Color **White** **12. Age at time of THIS birth** **39** yrs.
13. Birthplace **Ohio**
(City or town) (State or foreign country)
14. Exact Occupation **Carpenter**
15. Industry or Business **Building**

MOTHER OF CHILD
16. FULL MAIDEN NAME **Emma Nemechek**
17. Color **White** **18. Age at time of THIS birth** **30** yrs.
19. Birthplace **Humboldt Nebraska**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child... **3**... (b) Born alive and now living... **2**...

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was... **alive**... at... **8**... **A**... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by... **Emma Kinsey**..., who is
related to this child as... **Mother**...
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN signature** **M.D.** **Midwife** **Address** **Emmett** **Date** **2/13/42**

State of **California**
County of **Sacramento** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the... **mother**... of the person whose name appears
in Item 4, above, that I am now... **61**... years of age, that I have known this person for... **31**... years, and that
Dr. Cummings... who attended this birth... **cannot be located**... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires
May 10th - 1945

Signature **Emma Kinsey**
Charles Valley Baby Box Co. P. O. Address

Subscribed and sworn to before me this... **11th**... day of... **January**... 19... **42**

(SEAL) **Leroy H. Lushard** Notary Public, residing at... **Fair Oaks, Calif.**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

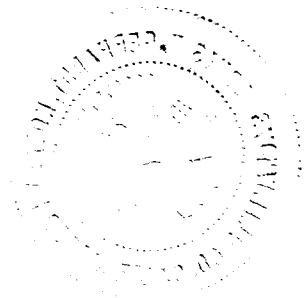
Received for filing on... **JAN 15 1942**... by... **Marj B. Belfer**..., Registrar.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



413 109 014 659
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 20 1942

333124
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County CANYON (b) City FRUITLAND
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years 6 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County CANYON
(c) City FRUITLAND
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? — yrs.
3. **RESIDENCE OF FATHER** (city, state) FRUITLAND, IDAHO

4. **FULL NAME OF CHILD** Emil Dachtler

5. Date of Birth of Child
(Month, day, year) 5/9/1910

6. Sex MALE 7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy nine 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Philip Dachtler
11. Color White 12. Age at time of THIS birth — yrs.
13. Birthplace Barab, WIS.
(City or town) (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annetta Wernner
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Russian
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was — at — M. on the date — and at the place stated above, and that personal particulars were furnished by —, who is related to this child as — (First name) (Last name)

25. Attendant's **OWN** signature — M.D. — Address — Date —

State of Oregon County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that FACTS NAME UNKNOWN, who attended this birth CANNOT BE LOCATED I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Philip Dachtler Signature
Ocean Lake, Oregon P. O. Address

Subscribed and sworn to before me this 17 day of February, 1942.
(SEAL) Charles Jensen Notary Public, residing at Idaho, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

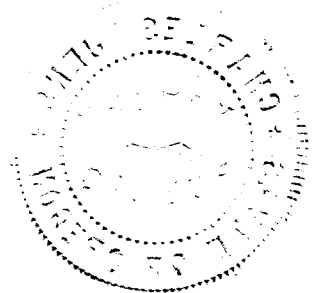
Received for filing on FEB 20 1942 by — Registrar.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



545-124 001 213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 20 1942

State File No. **333126**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 222 S. 1st St.
(d) Name of Hospital or Maternity Home.

(e) Mother's stay BEFORE delivery:
IN THIS county 2.8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 222 S. 1st St.
(e) How long has MOTHER lived in Idaho 2.8 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

5. Date of Birth of Child
(Month, day, year) Jan 24 - 1910

4. FULL NAME OF CHILD

Clifford Eugene Emerson

6. Sex Male Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Herbert Emerson
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Mound City, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella A. Bates
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Stanton, Oregon
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of.....County of.....} ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for.....years, and that not known Dr. Dutcher, who attended this birth.....deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

MY COMMISSION EXPIRES APRIL 12, 1943.

Subscribed and sworn to before me this 17 day of February 19 42
(SEAL) J. M. Mullen Notary Public, residing at 110 N 8th
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Boise, Idaho

Received for filing on FEB 20 1942 by Maud G. Giffen, Registrar.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

333132

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County <u>Idaho</u> (b) City <u>Whitebird</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City _____ (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? _____ yrs. (f) Mother's mailing address _____	
4. FULL NAME OF CHILD <u>Everett Lavern Hardin</u>		5. Date of Birth (Month, day, year) <u>March 17-1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet _____	If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>Normal</u>
		9. Legitimate? <u>Yes</u>	

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Claud Villard Hardin</u>		16. FULL MAIDEN NAME <u>Maggie Douneeq</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>26</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>24</u> yrs.
13. Birthplace <u>Huston, Texas</u> (City or town) (State or foreign country)		19. Birthplace <u>Denver, Colorado</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Laborer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Now deceased</u>		21. Industry or Business <u>Housewife</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living. _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) FEB 14 1942 (Date received) (b) [Signature] (Registrar's signature)
25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
27. Given name added on _____ by _____ and address _____ Date _____
(Registrar's signature)

State of Idaho } ss.
County of Idaho

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Maggie Douneeq Holbrook, being first duly sworn, say that I am related to Everett Lavern Hardin as his mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. A. Foskett (Name of attendant at birth) who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Maggie Douneeq Holbrook X Signature
Grangeville, Idaho P.O. Address

Subscribed and sworn to before me on this 12th day of February, 1942
(SEAL) [Signature] Notary Public, residing at Grangeville, Idaho

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 18 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay BEFORE delivery:
IN THIS county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Harold O Pratt
6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Dec 13 - 1940

FATHER OF CHILD
10. FULL NAME Morris Walker Pratt
11. Color or Race white 12. Age at time of THIS birth 57 yrs.
13. Birthplace Salt Lake City (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Mary Owens
17. Color or Race white 18. Age at time of THIS birth 44 yrs.
19. Birthplace Myrtle Summit Utah (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag No 3
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Shah M.D. Midwife Address Date

State of Idaho County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4 above, that I am now 76 years of age, that I have known this person for 30 years, and that AP Cutler MD who attended this birth is no deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Owens Pratt Signature
Preston Idaho P. O. Address

Subscribed and sworn to before me this 14 day of Feb 1942
(SEAL) Notary Public Notary Public, residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by Marl T. Keifer Registrar.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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333165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 18 1942

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. 140 North Almo
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. 140 North Almo
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ferril Jolley
6. Sex Male **7. Twin or Triplet** No **If so—born 1st, 2nd, 3rd**

5. Date of Birth of Child
(Month, day, year) Feb. 11, 1910

8. No. months of Pregnancy 9 **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Kenneth Wilson Jolley
11. Color or Race White **12. Age at time of THIS birth** 31 yrs.
13. Birthplace Mount Carmel, Utah
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Huber
17. Color or Race White **18. Age at time of THIS birth** 31 yrs.
19. Birthplace Rockville, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Idaho **M.D.** **Midwife** **Address** **Date**

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that Dr. J. C. Patterson, who attended this birth, is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A Jolley Signature
Burley, Idaho. P.O. Address

Subscribed and sworn to before me this 17 day of February, 1942.
(SEAL) Notary Public, residing at Burley, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by Mary A Jolley, Registrar.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 18 1942

333178

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Soldier
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery: yes
IN THIS county yes years months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Soldier
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 5 Months yrs.
3. RESIDENCE OF FATHER (city, state) Soldier, Idaho

4. FULL NAME OF CHILD Elmer Edward Vinegar

5. Date of Birth of Child
(Month, day, year) Oct. 10 1910

6. Sex Male **7. Twin or** Triplet **If so—born** 1st, 2nd, 3rd

8. No. months 9 **9. Legitimate?**

FATHER OF CHILD

10. FULL NAME Willard Watson Vinegar
11. Color White **12. Age at time** 36 yrs.
or **Race** St. Charles of **THIS birth** Minn. yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Mogford
17. Color White **18. Age at time** 28 yrs.
or **Race** Buena Vista of **THIS birth** Oregon yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. none
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature **M.D.** **Address** **Date**
Midwife

State of Oregon
County of Marion } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 31 years, and that....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Emma Vinegar Signature
475 Locust St Salem P. O. Address

Subscribed and sworn to before me this 14th day of February, 1942 W. G. KRUEGER, Notary Public
(SEAL) W. G. Krueger Notary Public, residing Salem, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotations) Commission expires August 12, 1947

Received for filing on FEB 18 1942 by Mary J. Miller, Registrar.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

State File No. 333226
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Rigby
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home:
Born at Farm Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rigby
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Mable. Genieve. Clark
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9. Legitimate?

5. Date of Birth of Child 7/5.1910
(Month, day, year)

FATHER OF CHILD
10. **FULL NAME** Charles. William. Clark
11. Color White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Rigby. Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Jennie. Graham
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Murry. Utah
(City or town) (State or foreign country)
20. Exact Occupation Farmer Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 4 P. M. on the date 7/5. 1910
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Charles. W. Clark, who is related to this child as Father
(First name) (Last name)
25. Attendant's MD
OWN signature Margaret .E. Clark Midwife Address Was. Rigby. Idaho Date 7/5. 1910

State of Idaho County of Power } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 31 years, and that Margaret .E. Clark, who attended this birth is now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

C. W. Clark Signature
American Falls, Idaho P. O. Address

Subscribed and sworn to before me this 5 day of Feb, 1912
(SEAL) Robert J. Ewing, Jr Notary Public, residing at American Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

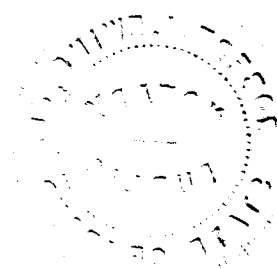
Received for filing on by Mabel K. Fisher, Registrar.

1 FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. **333249**
Local Reg. No. _____
Reg. Dist. No. _____

CERTIFICATE OF BIRTH

FEB 18 1942

STATE OF IDAHO

1. PLACE OF BIRTH

(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home Dr. Linn's Hospital
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home no days.
IN THIS county no years no month 3 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Wagon Spa. Ave.
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address Boise, Idaho

3. RESIDENCE of FATHER (city, state) Boise

4. FULL NAME OF CHILD

Leslie Roger Taler

5. Date of Birth
(Month, day year) Sept. 1-1910

6. Sex male

7. Twin or Triplet
If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Francis Taler
11. Color or Race white 12. Age at time of THIS birth 23 yrs.
13. Birthplace Helena, Montana
(City or town) (State or foreign country)
14. Exact Occupation rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Grace Rickett
17. Color or Race white 18. Age at time of THIS birth 22 yrs.
19. Birthplace May Day, Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) _____ (Date received) (b) M. J. Taler (Mother, etc.)
(Registrar's Signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

State of Oregon } ss.
County of Malheur

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Charles Francis Taler, being first duly sworn, say that I am related to Leslie Roger Taler as father (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Linn (Name of attendant at birth) who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

C. F. Taler Signature
Malheur, Idaho P. O. Address

Subscribed and sworn to before me on this 2nd day of December, 1942
(SEAL) Gabriel Lora Notary Public for Oregon at Jordan Valley
My Commission Expires March 26, 1943

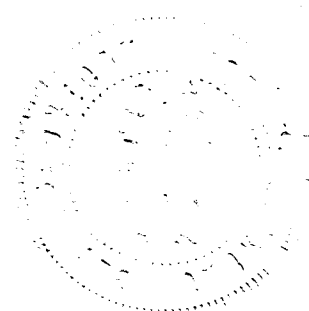
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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **333277**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Banyan (b) City Wilder
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Banyan
(c) City Wilder
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Dorothy Alma Hudson

5. Date of Birth of Child

(Month, day, year) Feb 20 - 1910

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? yes

10. FULL NAME

George E. Hudson

11. Color or Race white

12. Age at time of THIS birth 21 yrs.

13. Birthplace Banyan, Idaho

(City or town) (State or foreign country)

14. Exact Occupation laborer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Golda M. Graber

17. Color or Race white

18. Age at time of THIS birth 23 yrs.

19. Birthplace Burton, Iowa

(City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child first (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife Address

Dr. Chas. Allen of Parma, Ind.
now attending N. D. B. B. B.

State of Idaho County of ACA } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 5-5 years of age, that I have known this person for 32 years, and that

Dr. Allen (First name) Dr. Allen (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Golda Hudson Signature
5-23 So. 15th St. Boise, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of February, 19 42

(SEAL) Theresa Villeneuve Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by Mary E. Elder Registrar.

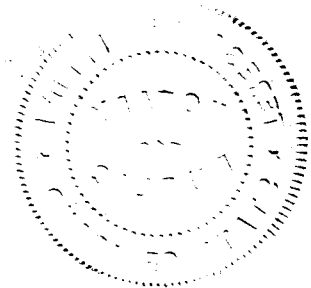
FEB 27 1942

FEB 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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335-213-025-851

FEB 27 1942

333279

333279

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County.....Idaho (b) City.....Grangeville
(c) Street Address or R.F.D. No.....1
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State.....Idaho (b) County.....Idaho
(c) City.....Grangeville
(d) Street Address or R.F.D. No.....1

(e) How long has MOTHER lived in Idaho?.....10 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD.....Velda Steinbach

5. Date of Birth of Child
(Month, day, year).....Sept. 13 1910

6. Sex.....f **7. Twin or Triplet**.....If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy.....9 **9. Legitimate?**.....yes

FATHER OF CHILD

10. FULL NAME.....Lee Steinbach
11. Color or Race.....white **12. Age at time of THIS birth**.....25 yrs.
13. Birthplace.....Salisbury Mo.
(City or town) (State or foreign country)
14. Exact Occupation.....Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME.....Daisy Heath
17. Color or Race.....white **18. Age at time of THIS birth**.....20 yrs.
19. Birthplace.....Noel Mo.
(City or town) (State or foreign country)
20. Exact Occupation.....Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child.....2 (b) Born alive and now living.....2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature.....**M.D.**.....**Address**.....**Date**.....
Midwife

State of.....Idaho.....ss.
County of.....Ada.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4, above, that I am now.....52.....years of age, that I have known this person for.....31.....years, and that.....Dr. Stockton....., who attended this birth.....deceased..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Mrs. Daisy Steinbach.....Signature
.....Meridian Idaho.....P. O. Address

Subscribed and sworn to before me this.....24th.....day of.....February....., 1942

(SEAL).....Notary Public.....residing at.....Meridian.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....FEB 27 1942.....by.....Maud Fielder....., Registrar.

FEB 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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333288

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Did not go to hospital
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
3. **RESIDENCE OF FATHER** (city, state) Rupert, Idaho

4. **FULL NAME OF CHILD** Maurice Howard Meredith
5. Date of Birth of Child
(Month, day, year) Nov. 18, 1910
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 1st 8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Lawrence James Meredith
11. Color or Race white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Exria, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Automobile business
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Lillian May DeHart
17. Color or Race white 18. Age at time of THIS birth 32 yrs.
19. Birthplace Griswold, Iowa
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
- and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date
- State of California County of San Bernardino } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for over 31 years, and that physician who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian May Meredith Signature
20 E. Pearl Ave., Redlands, California P. O. Address

Subscribed and sworn to before me this 17th day of February, 19 42
(SEAL) U. F. L... Notary Public, residing at San Bernardino Co
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) California

Received for filing on FEB 25 1942 by Maurice Howard Meredith, Registrar.

FEB 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

93-208-
008-654

MAR 1 1942

333313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

State File **333313**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Van Wyck
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
9 IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Van Wyck
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 19 yrs.

4. FULL NAME OF CHILD Margaret Fitzmorris
6. Sex Female 7. Twin or Triplet Triplet
If so—born 1st, 2nd, 3rd 3rd

3. RESIDENCE OF FATHER (city, state) Van Wyck
5. Date of Birth of Child (Month, day, year) Sept 8, 1910
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Thomas Fitzmorris
11. Color White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Lansing Michigan
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Mable Wedding
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Topeka Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at 10:00 P.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Caroline Matthews who is related to this child as name (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Caroline Matthews M.D. Star, Idaho
Address Van Wyck, Idaho Feb 28-42

State of ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name) who attended this birth. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 28 day of February, 1942
(SEAL) Cora Talbot Justice of the Peace, residing at Star
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code, Annotated.)

Received for filing on MAR 1 1942 by Marj Elder, Registrar.

WAR 2 1942

AUG 16 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 20 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **GEM** (b) City **EMMETT**
(c) Street Address or R.F.D. No. **1**
(d) Name of Hospital or Maternity Home: **NONE**
(e) Mother's stay **BEFORE** delivery, **25** years **2** months **23** days **IN THIS county**

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **IDAHO** (b) County **GEM**
(c) City **EMMETT**
(d) Street Address or R.F.D. No. **1**
(e) How long has **MOTHER** lived in Idaho? **25** yrs
3. **RESIDENCE OF FATHER** (city, state) **EMMETT, IDAHO**

4. **FULL NAME OF CHILD** **JOSEPH EARL TYLER**

5. Date of Birth of Child **Nov. 7, 1910**
(Month, day, year)

6. Sex **MALE** 7. Twin or Triplet **NO** If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **YES**

FATHER OF CHILD
10. **FULL NAME** **ED TYLER**
11. Color **WHITE** 12. Age at time of THIS birth **25** yrs.
13. Birthplace **ELM CREEK, NEBRASKA**
(City or town) (State or foreign country)
14. Exact Occupation **BUILDING CONTRACTOR**
15. Industry or Business **CONSTRUCTION**

MOTHER OF CHILD
16. **FULL MAIDEN NAME** **BESSIE BISHOP**
17. Color **WHITE** 18. Age at time of THIS birth **25** yrs.
19. Birthplace **Cherokee county, Iowa**
(City or town) (State or foreign country)
20. Exact Occupation **HOUSEWIFE**
21. Industry or Business **"**

22. Name prophylactic used to prevent Ophthalmia Neonatorum **Silver Nitrate solution**
23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **2**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **alive** at **5 P.M.** on the date **BESSIE TYLER**
(Born alive, stillborn) (First name) (Last name)
and at the place stated above, and that personal particulars were furnished by **BESSIE TYLER**, who is related to this child as **MOTHER**

25. Attendant's **OWN** signature **Bessie Tyler** M.D. **Midwife** Address **BOISE, IDAHO** Date **2-6-42**

State of ss.
County of

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this day of, 19.....

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **FEB 20 1942** by **Wm. J. Fisher**, Registrar.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED
BOTH

Dep of 1910-333271

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or col.

266 202 603-763

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 19 1942

334249
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County BANNOCK (b) City DEMPSEY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City DEMPSEY
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 23 yrs.

4. **FULL NAME OF CHILD** DELPHA BOWER

3. **RESIDENCE OF FATHER** (city, state) DEMPSEY IDAHO
5. Date of Birth of Child
(Month, day, year) NOVEMBER 2, 1910

6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD
10. **FULL NAME** JOHN DAVIS BOWER
11. Color or Race WHITE 12. Age at time of THIS birth 35 yrs.
13. Birthplace Dempsey WYOMING
(City or town) (State or foreign country)
14. Exact Occupation merchant
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** AMELIA VALERA POTTER
17. Color or Race WHITE 18. Age at time of THIS birth 23 yrs.
19. Birthplace Dempsey IDAHO
(City or town) (State or foreign country)
20. Exact Occupation HOUSEKEEPER
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 34 years of age, that I have known this person for 31 years, and that Amelia Bower Harris, who attended this birth cannot be located. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amelia Bower Harris Signature
Lava Hot Springs P. O. Address

2. Subscribed and sworn to before me this 17 day of February, 1942.
(SEAL) Notary Public Notary Public, residing at Lava Hot Springs Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

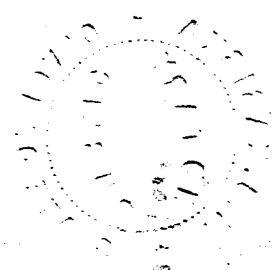
Received for filing on FEB 19 1942 by Harry E. Epler Registrar.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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215 222 022 154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **334253**
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 25 1942

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Fremont (b) City La Balle
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county 16 years 7 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Fremont
(c) City La Balle
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 16 1/2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lola Vernetta Sanders

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd 1st

5. Date of Birth of Child (Month, day, year) Nov 22 1910
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Christopher Sanders
11. Color White 12. Age at time of THIS birth 47 yrs.
13. Birthplace La Balle, Denmark
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Caroline Martina Andersson
17. Color White 18. Age at time of THIS birth 37 yrs.
19. Birthplace Ogden, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Caroline M.D. Midwife Address La Balle Date Feb 25 1942
State of Idaho County of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 31 years, and that who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 18th day of Feb 1942
(SEAL) Henry C. Miller Notary Public, residing at La Balle, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

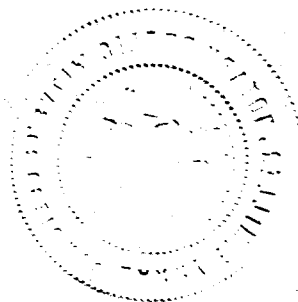
Received for filing on FEB 25 1942 by Marjorie T. Telford, Registrar.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



455729 042.399

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **334263**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Lincoln</u> (b) City <u>Turn Falls</u> (c) Street Address or R.F.D. No. <u>Rt 1</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Turn Falls</u> (c) City <u>Turn Falls</u> (d) Street Address or R.F.D. No. <u># 1</u> (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>Glenn Thomas Denney</u>		5. Date of Birth of Child (Month, day, year) <u>May 29, 1910</u>	
6. Sex <u>Male</u>		7. Twin or Triplet <u>—</u> If so—born 1st, 2nd, 3rd	
8. No. months of Pregnancy <u>9</u>		9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Eddie Olandro Denney</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>36</u> yrs. 13. Birthplace <u>Barnes, Mo.</u> (City or town) <u>IDAHO</u> (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>✓</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Myrtle Virginia Criswell</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>37</u> yrs. 19. Birthplace <u>Alexandria, Neb.</u> (City or town) _____ (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business <u>home</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____

State of Idaho County of Turn Falls ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 31 years, and that DR. _____, who attended this birth is now deceased I further state that _____ (First name) _____ (Last name) _____ (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 18 day of February, 1942

(SEAL) Blair H. Baker Notary Public, residing at Buhl, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by Blair H. Baker, Registrar.

FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

346-204-002-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 18 1942

State File No. 334278

Local Reg. No. 771

Reg. Dist. No. 300

1. PLACE OF BIRTH (All items at time of this birth)

(a) County. Idaho (b) City. Cumuk
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State. Ida (b) County. Idaho
(c) City. Cumuk
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Cumuk Ida

4. FULL NAME OF CHILD

Alice Margaratta Luffin

5. Date of Birth of Child

(Month, day, year) Sept 4, 1910

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Charles Franklin Luffin

11. Color or Race W

12. Age at time of THIS birth 31 yrs.

13. Birthplace

Bellamy, Id

(City or town)

(State or foreign country)

14. Exact Occupation

Apple Orchard

15. Industry or Business

Apple Orchard

MOTHER OF CHILD

16. FULL MAIDEN NAME

Catherine Klooster

17. Color or Race W

18. Age at time of THIS birth 30 yrs.

19. Birthplace

Amsterdam, Holland

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum. none

23. Number of children of this mother: (a) At time of birth and including this child. 5 (b) Born alive and now living. 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10:00 P M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Catherine Luffin, who is related to this child as mother, etc. (First name) (Last name)

25. Attendant's OWN signature

Frank E Brown

M.D. Michigan

Address

Date

State of } ss.
County of

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this day of 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 2-13-42 by Alice Luffin, Registrar.

FEB 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

432-108-008-266

334281

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 18 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Boise (b) City Garden Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Boise
(c) City Garden Valley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Garden Valley Idaho

4. FULL NAME OF CHILD

Kenneth Harold McKenzie

5. Date of Birth of Child

(Month, day, year) Sept. 4, 1910

6. Sex

male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Roy McKenzie

11. Color

white

12. Age at time of THIS birth

30 yrs.

13. Birthplace

Red Oak, Iowa

(City or town)

(State or foreign country)

14. Exact Occupation

farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Gladys May Seward

17. Color

white

18. Age at time of THIS birth

27 yrs.

19. Birthplace

Bellevue, Nebraska

(City or town)

(State or foreign country)

20. Exact Occupation

housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

7. State of Silver

23. Number of children of this mother: (a) At time of birth and including this child four (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 8 P. M. on the date Feb. 4, 1942

and at the place stated above, and that personal particulars were furnished by Gladys McKenzie, who is related to this child as mother

25. Attendant's OWN signature

G. L. Felt

M.D.

Midwife

Address

Boise, Idaho

Date

Feb. 4, 1942

State of

Idaho

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears

in Item 4, above, that I am now 30 years of age, that I have known this person for 12 years, and that

Gladys McKenzie, who attended this birth. I further state that

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 18 day of Feb., 1942

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by Harold E. Felt, Registrar.

MAY 20 1975

FEB 26 1942

MAR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States 0063-125
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 834283
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 18 1942

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Burleigh (b) City Idaho Falls
(c) Street Address or R.F.D. No. Rt. #2 (Backgutter)
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 4 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Burleigh
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Rt. #2 Backgutter

(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Idaho

4. FULL NAME OF CHILD

Ida Kanno

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months Natural of Pregnancy

9. Legitimate? YES

5. Date of Birth of Child

(Month, day, year) Feb. 6, 1910

FATHER OF CHILD

10. FULL NAME

HEITI KANNO

11. Color JAPANESE or Race

12. Age at time of THIS birth 48 yrs.

13. Birthplace FUKUSHIMA, JAPAN
(City or town) (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business FARMING

MOTHER OF CHILD

16. FULL MAIDEN NAME

YUKI ABE

17. Color JAPANESE or Race

18. Age at time of THIS birth 37 yrs.

19. Birthplace FUKUSHIMA, JAPAN
(City or town) (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No Physician or Midwife attended

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Tamayo Kanno, who is related to this child as Older Sister - 43
(Mother, etc.) (First name) (Last name)

25. Attendant's Tamayo Kanno M.D. OWN signature Midwife

Address 2169 W. 29th St. Los Angeles, Calif. Date FEB. 14, 1942

State of California } ss.
County of LOS ANGELES

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Older Sister - 43 of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for since birth years, and that Tamayo Kanno, who attended this birth is living at 2169 W. 29th St. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located) L.A. Calif.

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC

IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

Subscribed and sworn to before me this 14th day of FEBRUARY, 1942

(SEAL)

Koku Minajara

Signature Shimao Harada
P. O. Address 2169 W. 29th St. L.A. Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My Commission Expires July 1, 1944)

Received for filing on FEB 18 1942 by Marj T. Nelson, Registrar.

FEB 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

437-105028 692

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 18 1942

State File **334286**
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City St. Joe
(c) Street Address or R.F.D. No. General delivery
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County.....
(c) City St. Joe
(d) Street Address or R.F.D. No. General delivery
(e) How long has MOTHER lived in Idaho? Three yrs.

4. **FULL NAME OF CHILD** Marcus Henry McCall
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) deceased
5. Date of Birth of Child (Month, day, year) June 5 - 1910
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Marcus Henry McCall
11. Color white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Eschsch Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business now deceased

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Edua Fish
17. Color white 18. Age at time of THIS birth 20 yrs.
19. Birthplace Klamath Falls Oregon
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of New Jersey } ss.
County of Monmouth

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 5-2 years of age, that I have known this person for 32 years, and that Dr. McRonald who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edua Fish McCall Signature
P.O. Box 83 - Freehold N.J. P. O. Address

Subscribed and sworn to before me this 4th day of February, 1942
(SEAL) L. J. McBarney PUBLIC NEW JERSEY Public, residing at Matawan N.J.
(Note: Perjury is punishable as a felony in Idaho; See Sec. 17-902, Idaho Code, Annotated.)

Received for filing on FEB 18 1942 by Marj Fish Registrar.

FEB 26 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-209 007 432

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO FEB 20 1942

334296
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County... Blaine (b) City... Hailey
(c) Street Address or R.F.D. No. General Del
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county 28 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State... Idaho (b) County... Blaine
(c) City... Hailey
(d) Street Address or R.F.D. No. General Del
(e) How long has MOTHER lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Harrict Alice Bloss

5. Date of Birth of Child
(Month, day, year) April 9-1910

6. Sex Female

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Charles William Bloss

11. Color or Race White

12. Age at time
of THIS birth 40 yrs.

13. Birthplace Buffalaw New York
(City or town) (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Laura Jane McKibbin

17. Color or Race White

18. Age at time
of THIS birth 33 yrs.

19. Birthplace Reno Nevada
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child... 5 (b) Born alive and now living... 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of... California

County of... Los Angeles

} ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the... Mother... of the person whose name appears
in Item 4, above, that I am now... 64... years of age, that I have known this person for... 31... years, and that

Dr. Kleinman... who attended this birth... is now deceased... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Laura Jane Bloss Signature
361 W. 66th St., Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me this... 16... day of... February... 1942

(SEAL)

Lornastensy Notary Public, residing at... Los Angeles, Calif....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) County

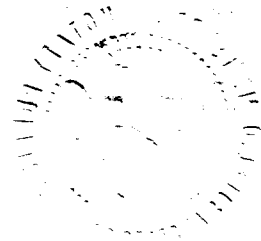
Received for filing on... FEB 20 1942... by... Mary Fisher... Registrar.

FEB 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



241-114 001 815

United States
Department of Commerce
Bureau of the Census

ure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 21 1942

State File No.
Local Reg. No.
Reg. Dist. No.

334315

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county 11 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Roy Russell Smaus

5. Date of Birth of Child
(Month, day, year) Dec 14, 1930

6. Sex

Male

7. Twin or Triplet

NO

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

10. FULL NAME

Phillip L. Smaus

11. Color or Race

White

12. Age at time of THIS birth 40 yrs.

13. Birthplace

Princeton
(City or town)

Illinois
(State or foreign country)

14. Exact Occupation

Farming

15. Industry or Business

Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME

May Harbrett

17. Color or Race

White

18. Age at time of THIS birth 39 yrs.

19. Birthplace

Chicago
(City or town)

Illinois
(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 8 p.m. M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by May Smaus, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Hamilton, Mont Date 2/16/42

State of Montana } ss.
County of avalli

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 31 years, and that Mr. J. C. Dutton who attended this birth now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

May Smaus

Signature

P. O. Address

Subscribed and sworn to before me this 19th day of Feb, 1942

(SEAL)

U. S. COMMISSIONER

Notary Public, residing at HAMILTON, MONTANA

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

FEB 21 1942

by

Marl T. Keeler

Registrar.

FEB 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **334321**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. R#2
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
IN THIS county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. R#2
(e) How long has MOTHER lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Troy Idaho

4. FULL NAME OF CHILD

Sylvia Helen Augusta Haglund

5. Date of Birth of Child

(Month, day, year) Sept, 29 - 1910

6. Sex

female

7. Twin or Triplet

no

8. If so—born 1st, 2nd, 3rd

1st

8. No. months of Pregnancy

9

9. Legitimate?

yes

10. FULL NAME

John Haglund

11. Color or Race

white

12. Age at time of THIS birth

43 yrs.

13. Birthplace

(City or town)

Sweden (State or foreign country)

14. Exact Occupation

farmer

15. Industry or Business

farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME

Ellen Fredlund

17. Color or Race

white

18. Age at time of THIS birth

28 yrs.

19. Birthplace

Plum City

Wisconsin (State or foreign country)

20. Exact Occupation

housewife

21. Industry or Business

farmers

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 34 years of age, that I have known this person for 31 years, and that Mrs. Fred Johnson, who attended this birth is now deceased. I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Haglund Signature

Troy Ida P. O. Address

Subscribed and sworn to before me this 19 day of February, 1911

(SEAL)

A. Broche Notary Public, residing at Troy Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by John Haglund, Registrar.

FEB 26 1942

JUN 28 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

319 109 028-385

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

334340
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 1020 Sherman
(d) Name of Hospital or Maternity Home:
home - 1020 Sherman
(e) Mother's stay BEFORE delivery:
IN THIS county years 5 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 1020 Sherman
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene, Ida.

4. FULL NAME OF CHILD

Jack Cheatham Carnahan

5. Date of Birth of Child

(Month, day, year) Dec. 9th 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Samuel Carnahan
11. Color White 12. Age at time of THIS birth 63 yrs.
13. Birthplace Philadelphia, Pennsylvania
(City or town) (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sadith Ann Cheatham
17. Color White 18. Age at time of THIS birth 56 yrs.
19. Birthplace William, Mass.
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's OWN signature John Olland M.D. Midwife Address Coeur d'Alene, Ida. Date Feb. 21, 1942

State of.....ss.
County of.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that

....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by Marion E. Baker, Registrar.

SEP 26 1942

NOV 6 1972

APR 16 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 17 1942

334366

State File No.
Local Reg. No. 36
Reg. Dist. No. 360

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. Everett St.
(d) Name of Hospital or Maternity Home:
Born at Home
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years 5 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. Everett St.
(e) How long has MOTHER lived in Idaho? 5 yrs.

4. **FULL NAME OF CHILD** Nona Margueritte Vail

5. Date of Birth of Child Apr. 4 1910
(Month, day, year)

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** William Wallace Vail
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Edmond Kansas
(City or town) (State or foreign country)
14. Exact Occupation Clerk, Merchantile Store
15. Industry or Business Merchandising

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Cecil Florence Hammond
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Guthrie Center, Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business - - -

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 2%
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date
(Born alive, stillborn)
and at the place stated above and that personal particulars were furnished by Mother, who is related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature [Signature] M.D. Address 2-12-42 Date Caldwell Idaho
Midwife

State of } ss.
County of

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that , who attended this birth I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

[Signature] Signature
 P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on 2-12-42 by Mary E. [Signature], Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-206014-361

334370

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 21 1942

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county x years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 52 yrs.
3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Pearl Evelyn Davis

5. Date of Birth of Child
(Month, day, year) Jan. 6, 1910

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Milan Davis
11. Color White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Knoxville Tennessee
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Wendell Coates Davis
17. Color White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Payette Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Lucy Wendell Coates Davis, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature [Signature] M.D. Midwife Address Payette, Idaho Date 2/14/42

State of.....
County of.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....
(SEAL).....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 21 1942 by Mabel Z. [Signature], Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 17 1942

State File No. 334379
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Malad</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>at Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>1</u> years <u>4</u> months <u></u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Ida</u> (b) County <u>Oneida</u> (c) City <u>Malad</u> (d) Street Address or R.F.D. No. <u>over</u> (e) How long has MOTHER lived in Idaho? <u>17</u> yrs.	
4. FULL NAME OF CHILD <u>Joel Noah Gilbert</u>		5. Date of Birth of Child (Month, day, year) <u>Feb. 23, 1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy
10. FULL NAME <u>Joseph I. N. Gilbert</u>		16. FULL MAIDEN NAME <u>Krisilla Keese</u>	
11. Color <u>White</u>	12. Age at time of THIS birth <u>33</u> yrs.	17. Color <u>White</u>	18. Age at time of THIS birth <u>17</u> yrs.
13. Birthplace <u>Cedar City Utah</u> (City or town) (State or foreign country)		19. Birthplace <u>Dempsey Idaho</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>House wife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature M.D.
Midwife Address Date

State of Calif.
County of Butte } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mather of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 32 years, and that Dr. D. C. Ray, who attended this birth I know nothing. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Krisilla Gilbert Signature
Paradise, Calif. P. O. Address

Subscribed and sworn to before me this 13 day of February, 1942
(SEAL) [Signature] Notary Public, residing at Paradise Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1942 by Malad 16 Registrar.

DEC 27 1942

MAR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

~~Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.~~



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334404

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County... Bingham... (b) City... Shelley.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
W. R. Johnson's residence
(e) Mother's stay **BEFORE** delivery:
IN THIS county 13 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State... Idaho... (b) County... Bingham.....
(c) City... Shelley.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
3. **RESIDENCE OF FATHER** (city, state) Shelley, Ida.

4. **FULL NAME OF CHILD** Wallace R. Johnson

5. Date of Birth of Child
(Month, day, year) April 23, 1942

6. Sex Male 7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Russell Johnson
11. Color White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Evaningston, Wyoming
(City or town) (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business Meat Market Shelley

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Staples
17. Color White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Bountiful, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10% Solution
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at Shelley M. on the date April 23, 1942
(Born alive, stillborn) (First name) (Last name)
and at the place stated above, and that personal particulars were furnished by Alice S. Johnson, who is related to this child as Mother (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature Edw. A. Custer M.D. Address Shelley Date 2-20-42

State of.....
County of..... ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....
(SEAL)Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Marj H. Custer, Registrar.

FEB 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465 129 036-331

United States
 Department of Commerce
 Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 19 1942
STATE OF IDAHO

334425

State File No.
 Local Reg. No.
 Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
 (a) County Franklin (b) City Princeton
 (c) Street Address or R.F.D. No. R.F.D.
 (d) Name of Hospital or Maternity Home: Residence
 (e) Mother's stay BEFORE delivery:
 IN THIS county years 1 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
 (a) State Idaho (b) County Boyer
 (c) City King Hill
 (d) Street Address or R.F.D. No. R.F.D.
 (e) How long has MOTHER lived in Idaho? 8 yrs.
 3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Barley Pratt Donaldson

5. Date of Birth of Child
 (Month, day, year) April 29-1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
 10. FULL NAME Guy Barnes Donaldson
 11. Color White 12. Age at time of THIS birth 23 yrs.
 13. Birthplace Beatrice Nebraska
 (City or town) (State or foreign country)
 14. Exact Occupation Farmer
 15. Industry or Business

MOTHER OF CHILD
 16. FULL MAIDEN NAME Ruby Dell Clark
 17. Color White 18. Age at time of THIS birth 18 yrs.
 19. Birthplace Smith, Todd Co Idaho
 (City or town) (State or foreign country)
 20. Exact Occupation Housewife
 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
 23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is
 related to this child as.....
 (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California } ss.
 County of San Diego

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
 in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that
 (First name) (Last name) (Is now deceased) or (Cannot be located)
 who attended this birth..... I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 17 day of February, 1942.
 (SEAL) W. J. Williams Notary Public, residing at Los Angeles, Calif.
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires June 13, 1947

Received for filing on FEB 19 1942 by Mabel K. Fisher, Registrar.

FEB 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



345-225 009-753

334428

United States (Be sure the information is as of date of birth of THIS child) State File No. 334428
Department of Commerce CERTIFICATE OF BIRTH
Bureau of the Census BONNER COPPELAND STATE OF IDAHO FEB 19 1942 Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bonner</u> (b) City <u>Copeland</u> (c) Street Address or R.F.D. No. <u>Bonner</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>5</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bonner</u> (c) City <u>Copeland</u> (d) Street Address or R.F.D. No. <u>Bonner</u> (e) How long has MOTHER lived in Idaho? <u>5</u> yrs.	
4. FULL NAME OF CHILD <u>Ethel Edith Lundgren</u>		5. Date of Birth of Child (Month, day, year) <u>July 25-1910</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>1st, 2nd, 3rd</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Swan Lundgren</u>		16. FULL MAIDEN NAME <u>Julia Peterson</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>32</u> yrs.		18. Age at time of THIS birth <u>31</u> yrs.	
13. Birthplace <u>Minnesota</u> (City or town) (State or foreign country)		19. Birthplace <u>Minnesota</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Millwright</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Lumber mill</u>		21. Industry or Business <u>Home</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at Bonner M. on the date July 25-1910 and at the place stated above, and the personal particulars were furnished by Swan Lundgren, who is related to this child as Mother (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature Swan Lundgren M.D. Midwife Address Bonner, Idaho Date Feb 19 1942

State of Idaho } ss.
County of Bonner

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 16 years, and that Dr. E. E. Fry who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

Subscribed and sworn to before me this 16th day of February, 1942, at Bonner, Idaho
(SEAL) John H. Reed Notary Public, residing at Bonner, Idaho
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-9-1, Idaho Code Annotated, Sept. 20th 1944)

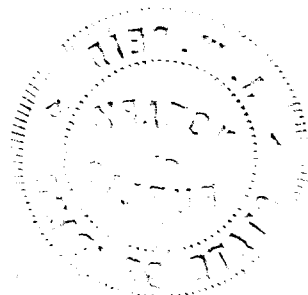
Received for filing on FEB 19 1942 by Marion E. Eder Registrar.

FEB 23 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

693-122036-799

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 25 1942

334463
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Oneida (b) City Malad
(c) ~~Street Address or R.F.D. No.~~
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 36 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Oneida
(c) City Malad
(d) ~~Street Address or R.F.D. No.~~ P.O. Box 83
(e) How long has MOTHER lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Malad, Ida

5. Date of Birth of Child
(Month, day, year) June 22, 1910

4. FULL NAME OF CHILD

David Griffin Williams

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Jones Williams
11. Color or Race white 12. Age at time of THIS birth 36 yrs.
13. Birthplace Malad, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hellie Griffin
17. Color or Race white 18. Age at time of THIS birth 36 yrs.
19. Birthplace Clarkston Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 31 years, and that Mrs. John McCallister who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hellie Griffin Williams Signature
Malad, Idaho Box 83 P. O. Address

Subscribed and sworn to before me this 25 day of February, 1942.
(SEAL) Edward Wooley Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

FEB 25 1942

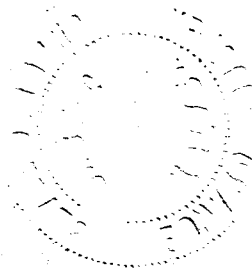
Received for filing on.....by Mabel J. Lefer Registrar.

FEB 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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334465

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County LATAH (b) City JULIAETTA
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county 53 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City JULIAETTA
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 53 yrs.
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** EARL ROBERT HEIMGARTNER

5. Date of Birth of Child
(Month, day, year) Nov. 17 - 1910

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** ALBERT JOHN HEIMGARTNER
11. Color White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Plymouth County, IOWA
(city or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MYSTIE HOISINGTON
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace CASS COUNTY, NEBRASKA
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of IDAHO
County of LATAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that ALBERTINA HEIMGARTNER who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 132, 1937 Session Laws.

Albert John Heimgartner Signature
JULIAETTA, IDAHO P. O. Address

Subscribed and sworn to before me this 20th day of Feb. 1942
(SEAL) Edmund H. ... Notary Public, residing at Thurmondick
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mabel ... Registrar.

FEB 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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334510

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 3 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Franklin (b) City Rayburg
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home:
At home in Hibbard
(e) Mother's stay BEFORE delivery:
IN THIS county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Franklin
(c) City Rayburg
(d) Street Address or R.F.D. No. 3
(e) How long has MOTHER lived in Idaho? 46 yrs.

3. RESIDENCE OF FATHER (city, state) same as above

5. Date of Birth of Child
(Month, day, year) Oct 8, 1910

4. FULL NAME OF CHILD Orvin Earl Lee

6. Sex white 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Earl John Lee
11. Color white 12. Age at time of THIS birth 25 yrs.
13. Birthplace Shelby City, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma L. Jensen
17. Color white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Rayburg, Utah
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag. No. 190
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 8 P. M. on the date Feb 3, 1942 (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Emma Lee who is related to this child as Mother (Mother, etc.)
25. Attendant's OWN signature Dr. Joseph Walker M.D. Dr. Joseph Walker Address California Date 20 yrs ago

State of Idaho County of Franklin ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4 above that I am now 36 years of age, that I have known this person for 31 years, and that Joseph Walker M.D. who attended this birth moved to California 20 years ago (First name) (Last name) (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 2nd day of Feb. 1942. Emma Lee Signature
(SEAL) Otto C. Selquist Notary Public, residing at Rayburg Idaho

Received for filing on FEB 3 1942 by Marl Heiler Registrar.

MAR 2

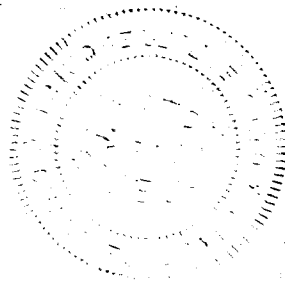
1942

MAY 9 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

433104 007 363
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

334512
State File No. 6
Local Reg. No. 6
Reg. Dist. No. 410

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (At time of this birth) Bellevue, Idaho

5. Date of Birth of Child
(Month, day, year) 3-4-1910

4. FULL NAME OF CHILD R. B. McClure

6. Sex Male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Hobart Matson McClure

11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Mooreville Missouri
(City or town) (State or foreign country)

14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie May Collins

17. Color White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Braymer Missouri
(City or town) (State or foreign country)

20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Agno3

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive 4A M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Nellie McClure, who is
related to this child as Mother
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of Idaho ss.
County of Blaine

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 31 years, and that Dr. O. J. Allen, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie May McClure Signature
Bellevue, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of February, 19 42.

(SEAL)

Joseph M. Allen Notary Public, residing at Hailey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

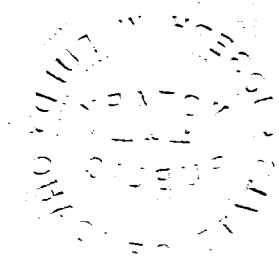
Received for filing on 26-24-1942 by Robert H. Wright Registrar.

MAR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



163 101 004-515

334535

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

FEB 21 1942

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bear Lake</u> (b) City <u>Montpelier, Ida</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>At Home.</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>22</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho.</u> (b) County <u>Bear Lake</u> (c) City <u>Montpelier, Idaho.</u> (d) Street Address or R.F.D. No. <u>Montpelier.</u> (e) How long has MOTHER lived in Idaho? <u>22</u> yrs.	
4. FULL NAME OF CHILD <u>Leonard Gus Johnson.</u>		5. Date of Birth of Child (Month, day, year) <u>Nov. 1, 1919</u>	
6. Sex <u>Male</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes.</u>

FATHER OF CHILD 10. FULL NAME <u>Gustave Adolph Johnson.</u> 11. Color <u>White</u> 12. Age at time <u>29</u> or Race of THIS birth.....yrs. 13. Birthplace. <u>Norway</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Blacksmith.</u> 15. Industry or Business <u>Blacksmith.</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Eletta Van Orman.</u> 17. Color <u>White</u> 18. Age at time <u>32</u> or Race of THIS birth.....yrs. 19. Birthplace. <u>Bennington, Idaho.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife.</u> 21. Industry or Business <u>Housewife.</u>	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate. 2%
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 6 A. M. on the date (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Eletta Simmons., who is related to this child as Mother. (First name) (Last name)
 (Mother, etc.)

25. Attendant's
OWN signature Deceased. **M.D.**
Midwife 235 W. Halliday. **Address** Feb. 19, 42 **Date**
 State of Idaho. **AFFIDAVIT** to be completed when the attendant does not sign
 County of Bannock. in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother. of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 31 years, and that The Physician, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eletta Simmons Signature
235 W. Halliday St. P. O. Address
 Subscribed and sworn to before me this 19 day of Feb., 1942.
 (SEAL) Allen J. Jones Notary Public, residing at Pocatello, Idaho.
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

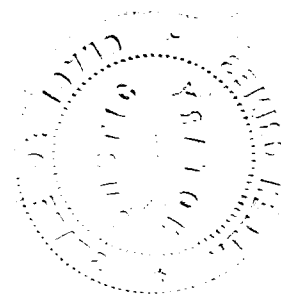
Received for filing on FEB 21 1942 by M. J. H. L., Registrar.

MAR 2 1942.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



263-118 022-469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 21 1942

State File No. **334539**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Born in parents' home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 26 years 8 months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.
3. RESIDENCE OF FATHER (city, state) Rexburg, Idaho

4. FULL NAME OF CHILD Robert Eldon Bolin

5. Date of Birth of Child
(Month, day, year) March 18, 1910

6. Sex Male **7. Twin or Triplet** No **If so—born** — **8. No. months of Pregnancy** Nine **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Robert Adams Bolin
11. Color or Race White **12. Age at time of THIS birth** 34 yrs.
13. Birthplace York County, South Carolina
(City or town) (State or foreign country)
14. Exact Occupation Credit Man
15. Industry or Business Farm Machinery

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret ReEtta Morris
17. Color or Race White **18. Age at time of THIS birth** 26 yrs.
19. Birthplace Kogen Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 31 years, and that Dr. Hyde who attended this birth cannot be located I further state that (Is now deceased) or (Cannot be located)
(First name) (Last name)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert Adams Bolin Signature
140 Kelsey Ave, Salt Lake City, Utah P. O. Address

Subscribed and sworn to before me this 20th day of February, 1942
(SEAL) James A. Ramsey Notary Public, residing at Salt Lake City, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-514, Idaho Code Annotated.)

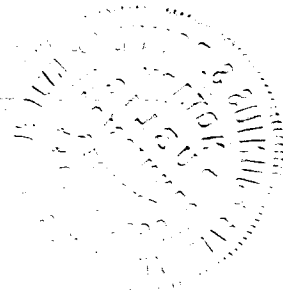
Received for filing on FEB 21 1942 by Mary E. Keifer Registrar.

FEB 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

753-227009 319

United States
Department of Commerce
Bureau of the Census *Bonner*

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 21 1942

State File No. 334546
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County *Boundary* (b) City *Bonnors Ferry*
(c) Street Address or R.F.D. No. *2nd St.*
(d) Name of Hospital or Maternity Home: *home*
(e) Mother's stay BEFORE delivery:
IN THIS county *2* years *5* months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State *Idaho* (b) County *Boundary*
(c) City *Bonnors Ferry* *Bonner*
(d) Street Address or R.F.D. No. *2nd St*
(e) How long has MOTHER lived in Idaho? *3* yrs.

4. FULL NAME OF CHILD *Olga Ruth Peterson*

3. RESIDENCE OF FATHER (city, state) *Bonnors Ferry Idaho*
5. Date of Birth of Child *Aug. 27, 1910*
(Month, day, year)

6. Sex *female* 7. Twin or Triplet *Triplet* If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy *0* 9. Legitimate? *yes*

FATHER OF CHILD

10. FULL NAME *Arvid Peterson*
11. Color or Race *white* 12. Age at time of THIS birth *24* yrs.
13. Birthplace *Sunne, Sweden*
(City or town) (State or foreign country)
14. Exact Occupation *Laborer*
15. Industry or Business *Lumbering*

MOTHER OF CHILD

16. FULL MAIDEN NAME *Ida Marie Larson*
17. Color or Race *white* 18. Age at time of THIS birth *21* yrs.
19. Birthplace *Vermland, Swed on*
(City or town) (State or foreign country)
20. Exact Occupation *Housewife*
21. Industry or Business *same*

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child *2* (b) Born alive and now living *2*

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was *alive* at *71* P.M. on the date *Feb 21* (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by *Idah Peterson*, who is related to this child as *mother* (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of *Idaho* County of *Boundary* } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the *mother* of the person whose name appears in Item 4, above, that I am now *53* years of age, that I have known this person for *32* years, and that *Dr. Fry* (First name) (Last name), who attended this birth *cannot be located* (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Peterson Signature
306 High Bank St. Wallace, Idaho Address

Subscribed and sworn to before me this *19th* day of *Feb*, 1942.
(SEAL) *Frank* Notary Public, residing at *Wallace, Idaho*.
(Note—Perjury is punishable as a felony in Idaho; see Sec. 17-314, Idaho Code Annotated.)

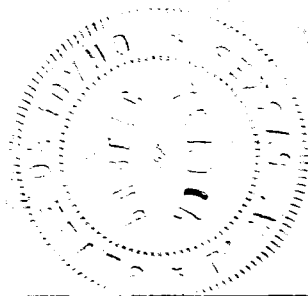
Received for filing on *FEB 21 1942* by *Marj Beaton* Registrar.

MAR 2 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



495-203 014 952

334579

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

CERTIFICATE OF BIRTH

Local Reg. No.

STATE OF IDAHO

FEB 16 1942

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Emmett
(b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho
(b) County Emmett
(c) City Emmett Canyon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Ema Lois Dresser

5. Date of Birth of Child
(Month, day, year) Aug. 3, 1910

6. Sex Female 7. Twin or Triplet 1st, 2nd, 3rd

8. No. months of Pregnancy full 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Leonard P. Dresser
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Postville Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Anna Rekow
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Germany
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 12:15 A. M. on the date Aug. 3, 1942
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Anna Dresser, who is related to this child as Mother
(First name) (Last name)
25. Attendant's R. P. [Signature] M.D. Matwice Address Emmett Date 2/13/42
OWN signature

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name) who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this day of 19.....

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mabel J. [Signature] Registrar.

FEB 16 1942

APR 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Stone
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 17 years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Stone
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 39 yrs
3. **RESIDENCE OF FATHER** (city, state) Stone Idaho

4. **FULL NAME OF CHILD** Elden Le Roy Dalry
6. Sex Male 7. Twin or Triplet no 8. No. months of Pregnancy 9 mo
9. Legitimate? yes

5. Date of Birth of Child (Month, day, year) Feb 10 - 1940

FATHER OF CHILD
10. **FULL NAME** George David Dalry
11. Color White 12. Age at time of THIS birth 50 yrs.
13. Birthplace Springville Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Andrea Olsen
17. Color White 18. Age at time of THIS birth 44 yrs.
19. Birthplace Ben Mark
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 14 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah County of Box Elder } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Near neighbor of the person whose name appears in Item 4 above, that I am now 61 years of age, that I have known this person for 30 years, and that Rhoda Perkins, who attended this birth Can not be located, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature St Lawrence Carlson
P. O. Address St Lawrenceville Utah

Subscribed and sworn to before me this 19 day of Feb, 1942
(SEAL) Winifred Notary Public, residing at St Lawrenceville, Ut.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by Winifred Registrar.

MAR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 21 1942

State File No. **334588**
Local Reg. No.
Reg. Dist. No.

Lincoln

1. PLACE OF BIRTH (All items at time of this birth) (a) County..... <i>Jerome</i> (b) City..... <i>Eden</i> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <i>home on farm</i> (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State..... (b) County..... (c) City (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?yrs.	
4. FULL NAME OF CHILD <i>formerly Lincoln County see records</i> <i>Zeff M. Claiborn</i>		5. Date of Birth of Child (Month, day, year) <i>9-13-1910</i>	
6. Sex <i>male</i> 7. Twin or Triplet <i>single</i> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <i>sixth</i> 9. Legitimate? <i>yes</i>		
FATHER OF CHILD 10. FULL NAME <i>John Alexander Claiborn</i> 11. Color or Race <i>white</i> 12. Age at time of THIS birth <i>33</i> yrs. 13. Birthplace <i>Salem Ark</i> (City or town) (State or foreign country) 14. Exact Occupation <i>farming</i> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <i>Flora Annis Claiborn Davis</i> 17. Color or Race <i>white</i> 18. Age at time of THIS birth <i>27</i> yrs. 19. Birthplace <i>St. Ledger Mo.</i> (City or town) (State or foreign country) 20. Exact Occupation <i>housewife</i> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum 23. Number of children of this mother: (a) At time of birth and including this child... <i>6</i> (b) Born alive and now living... <i>6</i>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who wasat.....M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is
 related to this child as.....
 (Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature *Idaho* **M.D.** **Midwife** **Address** **Date**

State of.....
 County of..... *Gooding* } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the *Father* of the person whose name appears in Item 4, above, that I am now *64* years of age, that I have known this person for *32* years, and that *Mrs. Ida Jane Davis (deceased)*, who attended this birth *deceased*. I further state that (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Alexander Claiborn Signature
Wendell, Idaho P. O. Address

Subscribed and sworn to before me this *14* day of *February*, 19 *42*
 (SEAL) Notary Public, residing at *Wendell, Idaho*

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on *FEB 21 1942* by *Mary E. Eden*, Registrar.

MAR 2 1942

JUL 15 2009

OCT 31 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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334594

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 277

CERTIFICATE OF BIRTH

Local Reg. No. 6

Reg. Dist. No.

MAR 1 1942

STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County... Canyon (b) City... Emmett
(c) Street Address or R.F.D. No... Washington st
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years 4 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State... Idaho (b) County... Canyon
(c) City... Emmett
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 12 1/2 yrs.

4. FULL NAME OF CHILD... Erma Olive Lake

3. RESIDENCE OF FATHER (city, state) Idaho
5. Date of Birth of Child (Month, day, year) 2-8-1910

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME... David Edmund Lake
11. Color... White 12. Age at time of THIS birth... 42 yrs.
13. Birthplace... Harrisville Utah (City or town) (State or foreign country)
14. Exact Occupation... Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME... Aurelia Piaz
17. Color... Spanish 18. Age at time of THIS birth... 38 yrs.
19. Birthplace... Mexico City Mexico (City or town) (State or foreign country)
20. Exact Occupation... Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child... 9 (b) Born alive and now living... 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was... alive... at... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by... David Lake... who is related to this child as... (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature... J. L. Reynolds M.D. Address... Emmett Ida Date 3-1-42
State of... Idaho ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the... Father... of the person whose name appears in Item 4, above, that I am now... 74... years of age, that I have known this person for... years, and that (First name) (Last name) (Is now deceased) or (Cannot be located)
who attended this birth... I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature... P. O. Address

Subscribed and sworn to before me this... day of... 19... (SEAL) Notary Public, residing at... (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on... MAR 1 1942... by... Mary Elder... Registrar.

MAR 2 1942.

AUG 25 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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334628

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 334628
Local Reg. No.
Reg. Dist. No.

MAR 4 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Idaho City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Idaho City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 12 yrs.
3. RESIDENCE OF FATHER (city, state) Idaho City, Ida

4. FULL NAME OF CHILD Lutie Rebecca Bumgardner
6. Sex Female **7. Twin or Triplet** Triplet **8. No. months of Pregnancy** 9 **9. Legitimate?** Yes

5. Date of Birth of Child
(Month, day, year) July 17th 1910

FATHER OF CHILD
10. FULL NAME Oscar Linden Bumgardner
11. Color or Race White **12. Age at time of THIS birth** 33 yrs.
13. Birthplace Centerpoint, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business Freighting

MOTHER OF CHILD
16. FULL MAIDEN NAME Hallie Elizabeth Fox
17. Color or Race White **18. Age at time of THIS birth** 23 yrs.
19. Birthplace Oregon
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature [Signature] **M.D.** [Signature] **Address** [Address] **Date** [Date]

State of Idaho } ss.
County of Boise

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 31 years, and that Mrs. Marcus who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Oscar Linden Bumgardner
Idaho City, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of February, 1942
(SEAL) W. A. Waters Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by Maud Elder, Registrar.

MAR 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331127 006-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 26 1942

State File No. **334654**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. unknown
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. unknown
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

4. FULL NAME OF CHILD Warren Arnold Clark
6. Sex male **7. Twin or Triplet** **If so—born** 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) Idaho Falls
5. Date of Birth of Child
(Month, day, year) Nov. 27, 1910
8. No. months of Pregnancy 9 mo. **9. Legitimate?** yes

FATHER OF CHILD
10. FULL NAME Frederick Warren Clark
11. Color or Race White **12. Age at time of THIS birth** 39 yrs.
13. Birthplace Cedar Rapids Iowa
(City or town) (State or foreign country)
14. Exact Occupation Drayman
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Julia Ellen Mangum
17. Color or Race White **18. Age at time of THIS birth** 26 yrs.
19. Birthplace Circleville Utah
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)
25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Illinois
County of Rock Island } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 31 years, and that Mrs. Elwood Graves, who attended this birth, is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Julia Ellen McSwain Signature
1009 - 9 ave Rock Island Ill. P. O. Address

Subscribed and sworn to before me this 23 day of Feb, 1942
(SEAL) James W. Hendricks Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

FEB 26 1942

Received for filing on.....by Mary Fisher Registrar.

MAR 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

389-103 042-795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

334656
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 422 West
(d) Name of Hospital or Maternity Home: at home

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME OF CHILD

Vergil Arnold Chidester

6. Sex male

7. Twin or

Triplet

single

If so—born

1st, 2nd, 3rd

8. No. months

of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Don Carlos Chidester

11. Color White

12. Age at time

or Race American of THIS birth 29 yrs.

13. Birthplace Washington

(City or town)

(State or foreign country)

14. Exact

Occupation Common Labor

15. Industry or

Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Louise Hazel Pierce

17. Color White

18. Age at time

or Race American of THIS birth 24 yrs.

19. Birthplace St George

(City or town)

(State or foreign country)

20. Exact

Occupation house wife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho ss.
County of Twin Falls

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for his life years, and that

C D Weaver who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 24th day of Feb

(SEAL)

Hazel Chidester Pierce Signature
24th 228-1427 Bull Sta P. O. Address
Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on

FEB 27 1942

by

Marj Keeler

Registrar.

MAR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753 103006-236

334681

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) ~~Suburban~~ or R.F.D. No. 3
(d) Name of Hospital or Maternity Home:
None. At Ranch home
(e) Mother's stay BEFORE delivery:
IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) ~~Suburban~~ or R.F.D. No. 3
(e) How long has MOTHER lived in Idaho? 6 yrs.
3. RESIDENCE OF FATHER (city, state) same as above

4. FULL NAME OF CHILD Vincent LeRoy Peterson

5. Date of Birth of Child
(Month, day, year) Mar. 3, 1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Carl Brick Peterson
11. Color White 12. Age at time of THIS birth 42 yrs.
13. Birthplace Stockholm, Sweden
(City or town) (State or foreign country)
14. Exact Occupation Farmer & carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Amanda Sofia Blomgren
17. Color white 18. Age at time of THIS birth 41 yrs.
19. Birthplace Atvidaberg, Sweden
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Amanda Peterson, who is related to this child as mother
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature A. R. Soderquist M.D. Idaho Falls, Idaho Address Feb. 26-42

State of Idaho
County of Boise

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that , who attended this birth . I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address

Subscribed and sworn to before me this day of , 19
(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by , Registrar.

MAR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **334683**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County BONNER (b) City SANDPOINT
(c) Street Address or R.F.D. No. LAKE ST.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county / years 2 months 11 days

4. FULL NAME OF CHILD

JOSEPH WALKER

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

10. FULL NAME

JOSEPH ALFRED WALKER

11. Color

WHITE

12. Age at time

of THIS birth 24 yrs.

13. Birthplace

CRAMINGTON, ENGLAND

(City or town)

(State or foreign country)

14. Exact Occupation

LABORER

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County BONNER

(c) City SANDPOINT

(d) Street Address or R.F.D. No. LAKE ST.

(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child

(Month, day, year) JUNE 17, 1910

8. No. months

of Pregnancy 9

9. Legitimate? YES

MOTHER OF CHILD

16. FULL MAIDEN NAME

CECELIA CAMERON BAIN

17. Color

WHITE

18. Age at time

of THIS birth 21 yrs.

19. Birthplace

DUNDEE, SCOTLAND

(City or town)

(State or foreign country)

20. Exact Occupation

HOUSE WIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at 7 P.M. on the date

(Born)

and at the place stated above, and that personal particulars were furnished by JOSEPH A. WALKER, who is related to this child as FATHER

(Mother, etc.)

(First name)

(Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of IDAHO
County of SANGAMAN } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that

DR. PATTERSON (First name) (Last name), who attended this birth.....

(Is now deceased) or (Announced deceased)

I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 24 day of February, 1942

(SEAL)

Idaschel Larson

Notary Public, residing at 1711 Wabash Ave.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942

by Malcolm B. Fisher, Registrar.

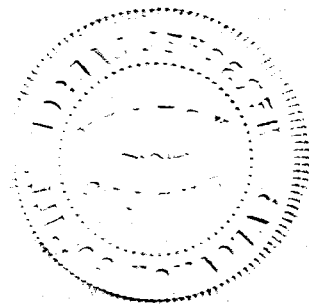
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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

368 102013 349

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **334726**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Camas (b) City near Soldier
(c) Street Address or R.F.D. No. homestead
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County
(c) City near Soldier, Camas Prairie
(d) Street Address or R.F.D. No. homestead
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child
(Month, day, year) Oct. 2, 1910

4. FULL NAME OF CHILD

Ernest Earl Coy

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Elmer Ellsworth Coy
11. Color white 12. Age at time of THIS birth unknown yrs.
13. Birthplace In U. S., state unknown
(City or town) (State or foreign country)
14. Exact Occupation photographer by profession
15. Industry or Business farmer at the time

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Jane Curtis
17. Color white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Madisonville, Tennessee
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Washington } ss.
County of Pierce

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt of the person whose name appears in Item 4. above, that I am now 51 years of age, that I have known this person for 31 years, and that unknown who attended this birth unknown I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Mary Jane Curtis Collins Signature
1506 South Oakes, Tacoma, Washington P. O. Address

Subscribed and sworn to before me this 27th day of February, 19 42

(SEAL)

Maurine Tuttle

Notary Public, residing at Tacoma, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

MAR 2 1942

by

[Signature]

Registrar.

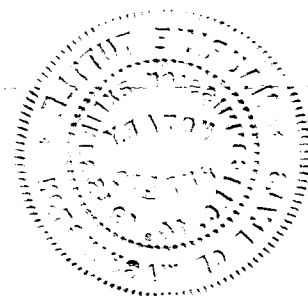
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1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



619-203-036-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 18 1942

State File No. **334752**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County, Oneida (b) City, Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county years 5 months days

4. FULL NAME OF CHILD Ruth Fairbanks

6. Sex Female 7. Twin or Triplet Yes If so—born 1st, 2nd, 3rd 1st

FATHER OF CHILD

10. FULL NAME Vernon Walter Fairbanks
11. Color white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Payson Utah
(City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? abt 5 mo yrs.

3. RESIDENCE OF FATHER (city, state) Preston

5. Date of Birth of Child
(Month, day, year) Sept 3, 1910

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Esther Gam
17. Color white 18. Age at time of THIS birth 26 yrs.
19. Birthplace Salt Lake City Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate Silver
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for years, and that Allen R. Kutter Sr. who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther Gam Fairbanks Signature
723 Kensington Rd. Santa Monica, Calif. P. O. Address

Subscribed and sworn to before me this 14th day of February, 1942.
(SEAL) Edith T. Simpson Notary Public, residing at Santa Monica, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotations) Commission Expires October 19, 1943

Received for filing on FEB 18 1942 by Maud E. Elder Registrar.

MAR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

864 122 026-651

DELAYED

334784

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Jefferson</u> (b) City <u>Rigby-2</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>27</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Jefferson</u> (c) City <u>Rigby-2</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>50</u> yrs.	
4. FULL NAME OF CHILD <u>Daniel Richard Young</u>		3. RESIDENCE OF FATHER (city, state) <u>Rigby-2, Idaho</u> 5. Date of Birth of Child <u>March 22nd, 1910</u> (Month, day, year)	
6. Sex <u>male</u>	7. Twin or Triplet <u>single</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Andrew Josias Young</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>35</u> yrs. 13. Birthplace <u>Fairfield, Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>farmer</u> 15. Industry or Business <u>farmer</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Pricilla Jane Weaverling</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>27</u> yrs. 19. Birthplace <u>South Cottonwood, Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business <u>housewife.</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none.</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>10</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Idaho **M.D.** Jefferson **Midwife** ss. **Address** Idaho **Date** Jefferson
State of.....
County of.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 31 years, and that a Mrs. Wheeler, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Pricilla J. Young Signature
Rigby-2 P. O. Address

Subscribed and sworn to before me this 21st day of February, 1942.
(SEAL) Wash. H. Bennett Notary Public, residing at Rigby, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by Mar 24 1942, Registrar.

~~JUN 29 2018~~

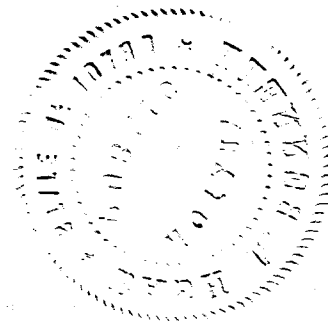
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MAR 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



415728 001-335

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

334793

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County..... (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: ..
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County.....
(c) City Boise
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 2 yrs.
3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Elmer Vincent Mansell

5. Date of Birth of Child.
(Month, day, year) June 28, 1910

6. Sex male 7. Twin or Triplet 1st, 2nd, 3rd If so—born 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Arthur Cecil Mansell
11. Color white 12. Age at time of THIS birth 21 yrs.
13. Birthplace Idaho
(City or town) (State or foreign country)
14. Exact Occupation Policeman
15. Industry or Business Police department

MOTHER OF CHILD

16. FULL MAIDEN NAME Alda Delia Clearwater
17. Color white 18. Age at time of THIS birth 20 yrs.
19. Birthplace New York
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business in own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)
25. Attendant's OWN signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 31 years, and that attendant whose name I do not remember who attended this birth is now deceased. I further state that (Is now deceased) or (Cannot be located)
(First name) (Last name)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires Nov. 27, 1942

Subscribed and sworn to before me this 25 day of February, 1942
(SEAL) R. J. Sante Notary Public, residing at 1543. Salma dge

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Marj H. Lifer Registrar.

MAR 4 1942

return 1526 Hillhurst Ave.,
Los Angeles

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

468 130 029 256

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 28 1942
STATE OF IDAHO

State File No. **334797**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 314 S. Jefferson
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 35 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 317 S. Jefferson
(e) How long has MOTHER lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child
(Month, day, year) June 30 1910

4. FULL NAME OF CHILD

Charles Cushing Doyle

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

3d

8. No. months
of Pregnancy

9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward Joseph Doyle
11. Color White 12. Age at time
or Race of THIS birth 36 yrs.
13. Birthplace New York City
(City or town) (State or foreign country)
14. Exact Occupation Musician
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel May Snow
17. Color White 18. Age at time
or Race of THIS birth 35 yrs.
19. Birthplace Moscow Idaho
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Washington } ss.
County of Kitsap

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4, above, that I am now 56 years of age, that I have known this person for 31 3/12 years, and that
Dr. Gritman now deceased, who attended this birth Ella Collins being present, I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Ethel May Hoyt

Signature

Manett R.D. 1, Box 60 Kitsap Co. Washington Address

Subscribed and sworn to before me this 26 day of February A.D. 1942.

(SEAL)

Notary Public, residing at Bremerton

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

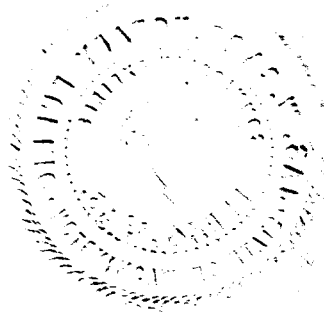
Received for filing on FEB 28 1942 by Manet [Signature] Registrar.

MAR 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

334805

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boothman (b) City Post Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county 8 years 8 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boothman
(c) City Post Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs

4. FULL NAME OF CHILD William Donald Lewis

5. Date of Birth of Child
(Month, day, year) July 28-1942

6. Sex Male 7. Twin or Triplet - If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Lewis
11. Color White 12. Age at time of THIS birth 50 yrs.
13. Birthplace Michigan (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cornelia Cox
17. Color White 18. Age at time of THIS birth 40 yrs.
19. Birthplace Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at about 2 P.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mr. Fred Miller who is related to this child as Sister (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Dr. B. E. Miller M.D. Midwife Address Post Falls Date 2-18-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address

Subscribed and sworn to before me this day of 19.....
(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB. 28. 1942 by Marj B. Miller Registrar.

MAR 4 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

435-216-021-316

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 2 1942

State File No. **334819**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 26 years 5 months 21 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.
3. **RESIDENCE OF FATHER** (city, state) Preston Idaho

4. **FULL NAME OF CHILD** Nettie McNeil
6. Sex Girl 7. Twin or Triplet — If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy — 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Marriner Wood McNeil
11. Color White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Alamogordo New Mexico
(City or town) (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business —

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Lucy Elvira Cartter
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Farmington Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's **OWN** signature G. W. States M.D. Midwife Address Preston Idaho Date Sept 16 1942
State of California County of Los Angeles ss. —

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 57 years of age, that I have known this person for 26 years, and that Robert W. States who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucy Elvira McNeil Signature
1313 1/2 Moorpark P. O. Address

Subscribed and sworn to before me this 3rd day of February, 1942
(SEAL) Samuel M. Johnson Notary Public, residing at Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, 1937 Commission Expires Nov. 14, 1942)

Received for filing on by G. W. States Registrar.

FEB 4 1942 MAR 2 1942

MAR 4 1942

MAR 19 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-116 028-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **334825**

Local Reg. No.

Reg. Dist. No.

FEB 24 1942

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Kootenai</u> (b) City <u>Coeur d'Alene</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Kootenai</u> (c) City <u>Coeur d'Alene, Idaho</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>Howard Elliot Cain</u>		3. RESIDENCE OF FATHER (city, state) <u>Coeur d'Alene</u> 5. Date of Birth of Child <u>Dec 16</u> <u>1916</u> <u>Idaho</u> (Month, day, year)	
6. Sex <u>male</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
10. FULL NAME <u>Harry Elmer Cain</u> 11. Color <u>white</u> 12. Age at time of birth <u>33</u> 13. Birthplace <u>Whitehall Ill</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Agent Northern Pacific RR.</u> 15. Industry or Business <u>Railroad</u>		16. FULL MAIDEN NAME <u>Isabelle Matthews Pettit</u> 17. Color <u>white</u> 18. Age at time of birth <u>34</u> 19. Birthplace <u>Rock Island Ill</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Not informed by physician</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 3 am M. on the date Feb 24 1942 (Born alive, stillborn) and at the place stated above and that personal particulars were furnished by Isabelle Matthews Cain who is related to this child as mother (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature Isabelle Cain **M.D.** Isabelle Cain **Midwife** Isabelle Cain **Address** Miamitown Ohio **Date** Feb 24 1942

State of Ohio County of Hamilton } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 31 years, and that physician is now deceased, who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

E. Z. GIERINGER, Notary Public
 My Commission Expires August 23, 1942
 Subscribed and sworn to before me this 14 day of February, 1942, at Miamitown Ohio
 (SEAL) Isabelle Cain Signature
 Notary Public, residing at NOTARY PUBLIC, MIAMITOWN, OHIO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
 Received for filing on FEB 24 1942 by Marcel J. Fisher, Registrar.

MAR 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. All COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

491704-044841

334835

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. R. 2
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay none BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 3 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State _____ (b) County _____
(c) City _____
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD

Lawrence Frederick Drahn

5. Date of Birth

(Month, day year) Dec. 4, 1910

6. Sex male

7. Twin or _____ If so—born
Triplet single 1st, 2nd, 3rd

8. No. months _____
of Pregnancy 9 9. Legitimate? _____

FATHER OF CHILD

10. FULL NAME

William Frederick Drahn

11. Color _____
or Race white 12. Age at time
of THIS birth 36 yrs.

13. Birthplace Missouri
(City or town) (State or foreign country)

14. Exact Occupation gardener

15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME

Amy May Qualls

17. Color _____
or Race white 18. Age at time
of THIS birth 26 yrs.

19. Birthplace Scholton, Missouri
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is
related to this child as _____ (First name) (Last name)

(Mother, etc.)

26. (a) MAR 3 1942
(Date received)

(b) Mary Drahn
(Registrar's signature)

25. Attendant's

OWN signature _____

M.D.

27. Given name added on _____ by _____
(Registrar's signature)

and address Sherwood, Ore Date 2-20-1942
(D.O., Midwife, etc.)

State of Oregon
County of Yamhill } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, Amy M. Drahn, being first duly sworn, say that I am related to
Lawrence Frederick Drahn as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. C. Shirley, who attended

said birth now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

R. 2, Sherwood, Oregon

Signature

P. O. Address

Subscribed and sworn to before me on this

20th day of

February, 1942

19

(SEAL)

Notary Public, residing at

Newberg, Oregon

MY COMMISSION EXPIRES APRIL 20, 1942.

SEP 24 1963

MAR 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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1543712

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **334872**
Local Reg. No.
Reg. Dist. No.

MAR 5 1942

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Ada (b) City Star
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
Family Residence
(e) Mother's stay BEFORE delivery:
IN THIS county 18 years 10 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Same as #2

5. Date of Birth of Child
(Month, day, year) Sept 26, 1910

4. FULL NAME OF CHILD

Clyde Harold Johnson

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Clarence Thomas Johnson
11. Color White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Pittsburgh Pennsylvania
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ollie Maud Shelton
17. Color White 18. Age at time of THIS birth 18 yrs.
19. Birthplace Star Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 10:00 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Ollie Johnson, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature [Signature] M.D. Midwife Address Star Ida Date 9-26-40

State of..... } ss.
County of..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on..... by Mary E. Elder Registrar.

MAR 5 1942

MAR 5 1942

APR 28 1942

AUG 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

255-220028-393

334900

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 2 1942

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 745-Second Street
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME OF CHILD

Helen Marie Benson

6. Sex

Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months Full of Pregnancy time

9. Legitimate? yes

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 745-Second Street

(e) How long has MOTHER lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene, Idaho

5. Date of Birth of Child

(Month, day, year) April 20, 1910

FATHER OF CHILD

10. FULL NAME

Olaf Benson

11. Color or Race White

12. Age at time of THIS birth 46 yrs.

13. Birthplace Idaho
(City or town)

Idaho
(State or foreign country)

14. Exact Occupation Millwright Mechanic

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Ida A. Lilja

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Idaho
(City or town)

Idaho
(State or foreign country)

20. Exact Occupation Housework

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho
County of Kootenai ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 31 years, and that

Dr. John C. Surgen who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My commissioner officer Ida A. Lilja + Benson Signature
June 2, 1942 745-Second Street Coeur d'Alene Idaho P. O. Address

Subscribed and sworn to before me this 20th day of February, 1942

(SEAL)

Robert H. Berlan Notary Public, residing at Coeur d'Alene Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Mabel T. Fisher Registrar.

MAR 5 1942

JAN 8 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

699-116014-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **334928**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County Canyon (b) City New Plymouth (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: At home (e) Mother's stay BEFORE delivery: IN THIS county 30 years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State Idaho (b) County Canyon (c) City New Plymouth (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? 30 yrs.	
4. FULL NAME OF CHILD John Clifford Orrell		3. RESIDENCE OF FATHER (city, state) New Plymouth Idaho. 5. Date of Birth of Child (Month, day, year) April 18, 1910.	
6. Sex Male	7. Twin or Triplet	8. No. months of Pregnancy 9	9. Legitimate? Yes.
FATHER OF CHILD 10. FULL NAME Lewis Franklin Orrell 11. Color White 12. Age at time of THIS birth. 33 yrs. 13. Birthplace. Blue Ridge, Texas (City or town) (State or foreign country) 14. Exact Occupation Barber 15. Industry or Business Barber		MOTHER OF CHILD 16. FULL MAIDEN NAME Annie Mae Wilburn 17. Color White 18. Age at time of THIS birth. 33 yrs. 19. Birthplace. Red Bluff, California. (City or town) (State or foreign country) 20. Exact Occupation House Wife. 21. Industry or Business House Wife.	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child **4** (b) Born alive and now living **4**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature M.D. Address Date
Midwife

State of **Oregon** County of **Klamath** } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Father** of the person whose name appears in Item 4, above, that I am now **64** years of age, that I have known this person for **31** years, and that who attended this birth I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lewis F. Franklin Orrell Signature
Route 3, Box 1081, Klamath Falls, P. O. Address
Oregon.

Subscribed and sworn to before me this **24th** day of **February 1942**, 19.....
(SEAL) **John F. ...** Notary Public, residing at **Klamath Falls, Oregon.**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **MAR 2 1942** by **Marcel F. ...** Registrar.

MAR 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

689 101-025-755

334939

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Stites
(c) Street Address or R.F.D. No. I
(d) Name of Hospital or Maternity Home: at residence
(e) Mother's stay BEFORE delivery:
IN THIS county 22 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Stites
(d) Street Address or R.F.D. No. I
(e) How long has MOTHER lived in Idaho? 22 yrs.
3. RESIDENCE OF FATHER (city, state) Stites, Idaho

4. FULL NAME OF CHILD WALLACE H. WHITNEY
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

5. Date of Birth of Child (Month, day, year) Apr. 1, 1910

FATHER OF CHILD
10. FULL NAME Merle A. Whitney
11. Color white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Bozeman, Montana
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. FULL MAIDEN NAME Adella Pendleton
17. Color white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Grangeville, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at I P.M. on the date 1942
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Laura F. Broyles, who is related to this child as now step-mother, acting at that time as Midwife
(Mother, etc.) (First name) (Last name)
25. Attendant's OWN signature Laura F. Broyles Midwife Address 1111 N. Hoover St. Los Angeles, Calif. Date Feb. 9, 1942

State of California } ss.
County of Los Angeles

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Step-mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 31 years, and that Laura F. Broyles (Whitney), who attended this birth, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura F. Broyles (Whitney) Signature
1111 N. Hoover St. Los Angeles, Calif. P.O. Address

Subscribed and sworn to before me this 9th day of Feb. 1942
(SEAL) A. H. BUIE Notary Public, residing at 911 N. Virgil Av. Los Angeles, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1942 by Mary F. Fisher, Registrar.

MAR 6 - 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

313-119 006-666

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

334947
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Toschen
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME OF CHILD

George F. Colby Jr.

6. Sex male

7. Twin or

Triplet

Single

If so—born

1st, 2nd, 3rd

5. Date of Birth of Child

(Month, day, year) Feb. 19, 1940

3. RESIDENCE OF FATHER (city, state)

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

George F. Colby

11. Color or Race white

12. Age at time

of THIS birth 93 yrs.

13. Birthplace

Payette, Sevier Co., Utah

(City or town)

(State or foreign country)

14. Exact

Occupation

Laborer

15. Industry or

Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Sarah Elizabeth Jacobson

17. Color

white

18. Age at time

of THIS birth 27 yrs.

19. Birthplace

Payette, Sevier Co., Utah

(City or town)

(State or foreign country)

20. Exact

Occupation

Housewife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by.....who is
related to this child as.....(First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho

County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4 above, that I am now 65 years of age, that I have known this person for all his life years, and that

Ann Session who attended this birth deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George F. Colby Jr.

Signature

P.O. Payette, Idaho

P. O. Address

Subscribed and sworn to before me this 19th day of

February, 1940

(SEAL)

Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

FEB 25 1942

by

Mamie G. Gifford

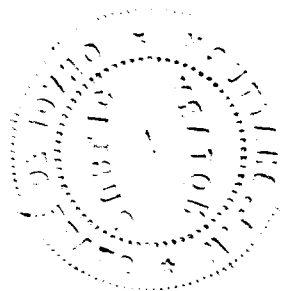
Registrar.

MAR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



318-101-044 613

334971

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 25 1942

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
IN THIS county 20 years 8 months 00 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. XX
(e) How long has MOTHER lived in Idaho? 21 yrs.
3. RESIDENCE OF FATHER (city, state) Weiser Idaho

4. FULL NAME OF CHILD Henry Waldo Taylor, Jr.
6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

5. Date of Birth of Child
(Month, day, year) Nov/ 1st, 1910
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Henry Waldo Taylor, Sr.
11. Color white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Canisteo New York
(City or town) (State or foreign country)
14. Exact Occupation Famer
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Marguerite Watson
17. Color white 18. Age at time of THIS birth 34 yrs.
19. Birthplace Palo Pinto Texas
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum XX
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 7 oclock P .M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Henry Waldo Taylor Sr., who is related to this child as father
(First name) (Last name)

25. Attendant's OWN signature Waldo Taylor, Sr. M.D. _____ Midwife _____ Address Weiser Idaho Date _____
State of Idaho County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 32 years of age, that I have known this person for 31 years, and that no one else attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this _____ day of Feb, 1942
(SEAL) _____ Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mabel Z. [Signature], Registrar.

MAR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



719 110 040-447

334992

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

FEB 9 1942

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Shoshone</u> (b) City <u>Kellogg</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years <u>9</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County (c) City <u>Kellogg</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>9</u> yrs.	
4. FULL NAME OF CHILD <u>Lyle Frederick Garrison</u>		3. RESIDENCE OF FATHER (city, state) <u>Kellogg Idaho</u>	
6. Sex <u>male</u>		5. Date of Birth of Child (Month, day, year) <u>March 10 1910</u>	
7. Twin or Triplet <u>No</u>		8. No. months of Pregnancy <u>9</u>	
10. FULL NAME <u>Frederick Joseph Garrison</u>		9. Legitimate? <u>yes</u>	
11. Color or Race <u>white</u>		16. FULL MAIDEN NAME <u>Eva Ruth Stephenson</u>	
12. Age at time of THIS birth <u>2.4</u> yrs.		17. Color or Race <u>white</u>	
13. Birthplace <u>Walnut Kansas</u> (City or town) (State or foreign country)		18. Age at time of THIS birth <u>2.2</u> yrs.	
14. Exact Occupation <u>Teamster</u>		19. Birthplace <u>Walnut Kansas</u> (City or town) (State or foreign country)	
15. Industry or Business		20. Exact Occupation <u>Housewife</u>	
21. Industry or Business		22. Name prophylactic used to prevent Ophthalmia Neonatorum	

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's OWN signature J. R. Mason **M.D.** Midwife **Address** Kellogg Idaho **Date** 2/27-42

State of County of { ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name) who attended this birth. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this day of 19.....
(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by Marj Tucker, Registrar.

MAR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

297-202035-815

335070

United States (Be sure the information is as of date of birth of THIS child) State File No. 335070
Department of Commerce CERTIFICATE OF BIRTH
Bureau of Census STATE OF IDAHO FEB 16 1942 Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Nez Perce (b) City Lenore
(c) Street Address or R.F.D. No. RFD 1
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 12 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Nez Perce
(c) City Lenore
(d) Street Address or R.F.D. No. RFD 1
(e) How long has MOTHER lived in Idaho? 19 yrs.
(f) Mother's mailing address Lenore

3. RESIDENCE of FATHER (city, state) Lenore, Ida.

4. FULL NAME OF CHILD

Lena Elizabeth Kight

5. Date of Birth
(Month, day year) Nov-2-1910

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Elmer Kight

11. Color White 12. Age at time of THIS birth 32 yrs.

13. Birthplace Elk River, Minn.
(City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME

Annie A. Hanks

17. Color White 18. Age at time of THIS birth 24 yrs.

19. Birthplace Powell County, Kentucky
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) FEB 16 1942
(Date received)

M. J. Kight
(Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____ (Registrar's signature)

State of Oregon } ss.
County of Yamhill

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Annie A. Kight, being first duly sworn, say that I am _____ related to Lena Elizabeth Kight as _____ mother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Elizabeth Jackson (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Annie A. Kight Signature
Newberg, Oregon, P. O. Address

Subscribed and sworn to before me on this 28th day of January, 1942.
(SEAL) Steph. J. Laman Notary Public, residing at Newberg, Oregon.
By comm. expires: Jan. 29, 1943.

MAR 6 - 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319 125001-365

335 082

334082

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

MAR 7 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery:
IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 56 yrs.
3. RESIDENCE OF FATHER (city, state) Meridian Ida

4. FULL NAME OF CHILD Fred Elmer Carpenter

5. Date of Birth of Child
(Month, day, year) Oct. 25, 1910

6. Sex M 7. Twin or ~~Twin~~ Yes If so—born 1st, 2nd, 3rd 2 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ollie Elmer Carpenter
11. Color White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Stella Iowa Constant
17. Color White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 31 years, and that Dr. Neal, who attended this birth, is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Stella Iowa Carpenter Signature
Nampa, Idaho R. R. 3 P. O. Address

Subscribed and sworn to before me this 4th day of March, 19 42

(SEAL)

Notary Public, residing at Nampa

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 7 1942 by Mary E. Elder, Registrar.

MAR 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

469127-044-682

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **335138**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years months Not known days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No. R.F.D. #1
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cambridge, Idaho

4. **FULL NAME OF CHILD** LeRoy George Moritz

5. Date of Birth of Child
(Month, day, year) April 27, 1910

6. Sex male 7. Twin or Triplet Not known If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Moritz
11. Color White 12. Age at time of THIS birth 33 yrs.
or Race White
13. Birthplace Kratigen Switzerland
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosa Wyssen
17. Color White 18. Age at time of THIS birth 28 yrs.
or Race White
19. Birthplace Ladholz Switzerland
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child...3 (b) Born alive and now living...2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of.....Idaho
County of.....Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Father.....of the person whose name appears in Item 4, above, that I am now.....64.....years of age, that I have known this person for.....32.....years, and that Mrs. Srivier....., who attended this birth.....Cannot be located..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Moritz.....Signature
Cambridge, Idaho.....P. O. Address

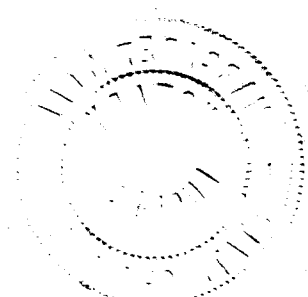
Subscribed and sworn to before me this 17 th day of February, 1942.
(SEAL) Margaret Vogel.....Notary Public, residing at Cambridge, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....FEB 25 1942.....by Mabel Beeler....., Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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155708-025-212

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **335204**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Grange
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at my home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 10 years 9 months 8 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grange
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

4. **FULL NAME OF CHILD** Mark Twain Jenkins

3. **RESIDENCE OF FATHER** (city, state) Grange Idaho
5. Date of Birth of Child
(Month, day, year) Mar 8th 1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Byron Morris Jenkins
11. Color white 12. Age at time of THIS birth 47 yrs.
13. Birthplace Silverton Oregon
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Anna Baker
17. Color White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Carroll County, Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living all 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 7 o'clock M. on the date March 8th 1910
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mary Jenkins, who is related to this child as mother of child
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature Mary Jenkins Midwife Address Grange Idaho Date March 8th 1910

State of Idaho County of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the The mother of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 31 years, and that Jesse Baker, who attended this birth blind now I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Jenkins Whitestone Signature
Stites Idaho P. O. Address

Subscribed and sworn to before me this 20th day of February, 1910
(SEAL) J. B. Anderson Notary Public, residing at Stites, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1912 by Mabel T. Fisher Registrar.

MAR 10 1942

APR 27 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-211-032-235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335250
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Lincoln</u> (b) City <u>Rupert</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Lincoln</u> (c) City <u>Rupert</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>3</u> yrs.	
4. FULL NAME OF CHILD <u>Mary Catter</u>		5. Date of Birth of Child (Month, day, year) <u>Nov. 11, 1910</u>	
6. Sex <u>Female</u> 7. Twin or Triplet <u>twin</u> If so—born 1st, 2nd, 3rd <u>1st</u>		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Charles Patrick Catter</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>5.1</u> yrs. 13. Birthplace <u>Wessex, New York</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>None</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Katharine Stennick</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>3.1</u> yrs. 19. Birthplace <u>Chicago, Illinois</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>None</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
 (Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature _____ **M.D.** _____
Midwife _____ **Address** _____ **Date** _____

State of Idaho
 County of Minidoka } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 31 years, and that Charles Scott, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
 (First name) (Last name) (Is now deceased) or (Cannot be located)

Charles Catter Brown Signature
Rupert, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of February, 1942
 (SEAL) _____ Notary Public, residing at Rupert, Idaho

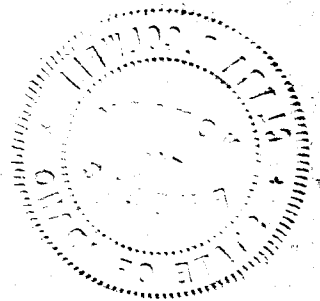
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
 Received for filing on FEB 26 1942 by Edward J. Keefe, Registrar.

MAR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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249-115004-389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

335277

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bear Lake</u> (b) City <u>Lib Haven</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Paranta Home - Ernest R. Smith</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>21</u> years <u>1</u> months <u>21</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bear Lake</u> (c) City <u>Lib Haven</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>48</u> yrs.	
4. FULL NAME OF CHILD <u>Thomas Sherwin Smith</u>		5. Date of Birth of Child (Month, day, year) <u>Aug. 15, 1910</u>	
6. Sex <u>Male</u> 7. Twin or Triplet <u>Triplet</u> If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate?	
FATHER OF CHILD 10. FULL NAME <u>Ernest Raymond Smith</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>24</u> yrs. 13. Birthplace <u>Lib Haven, Idaho, Bear Lake</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farming</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Myrtle Winnifred Christensen</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>21</u> yrs. 19. Birthplace <u>Bloomington, Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> . (b) Born alive and now living <u>6</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bear Lake

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 31 years, and that Ella Smith (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ernest R. Smith Signature
Lib Haven, Idaho P. O. Address

Subscribed and sworn to before me this 21 day of March, 1942.

(SEAL) Samuel J. Smith Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by Marion Becker, Registrar.

MAR 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

258 110-021 313

335278

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Franklin (b) City Fairview
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Ranch Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Utah (b) County Cash
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Robert Kent

5. Date of Birth of Child
(Month, day, year) 6/10/1910

6. Sex M 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel Parley Kent
11. Color W 12. Age at time of THIS birth 23 yrs.
13. Birthplace Lewiston, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Talbot
17. Color W 18. Age at time of THIS birth 24 yrs.
19. Birthplace Lewiston, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farmer

22. Name prophylactic used to prevent Ophthalmia Neonatorum Iysol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** M.D. Midwife Address Date

State of Montana County of Lake } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32 years, and that Dr. Wm. Parkson who attended this birth deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Talbot Kent Signature
Ronan, Montana P. O. Address

Subscribed and sworn to before me this 3rd day of March 1942
(SEAL) Notary Public, residing at Charlo, Monte

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942 by Mary E. Freeman Registrar.

MAH 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

289-213 003-437

335342

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 4 1942

State File No.
Local Reg. No.
Reg. Dist. No.

<p>1. PLACE OF BIRTH (All items at time of this birth)</p> <p>(a) County <u>Bannock</u> (b) City <u>Pocatello</u></p> <p>(c) Street Address or R.F.D. No. <u>1055 So. 2nd</u></p> <p>(d) Name of Hospital or Maternity Home:</p> <p>(e) Mother's stay BEFORE delivery: IN THIS county years months days</p>		<p>2. USUAL RESIDENCE OF MOTHER (At time of this birth)</p> <p>(a) State <u>Idaho</u> (b) County <u>Bannock</u></p> <p>(c) City <u>Pocatello</u></p> <p>(d) Street Address or R.F.D. No. <u>1055 So. 2nd Ave.</u></p> <p>(e) How long has MOTHER lived in Idaho? yrs.</p>	
<p>4. FULL NAME OF CHILD <u>Beverly Jean Byrd</u></p>		<p>3. RESIDENCE OF FATHER (city, state) <u>Missoula, Mont.</u></p> <p>5. Date of Birth of Child (Month, day, year) <u>March 13, 1910</u></p>	
<p>6. Sex <u>Female</u></p> <p>7. Twin or Triplet <u> </u> If so—born 1st, 2nd, 3rd</p>		<p>8. No. months of Pregnancy <u>9</u></p> <p>9. Legitimate? <u>Yes</u></p>	
<p>FATHER OF CHILD</p> <p>10. FULL NAME <u>James Willmore Byrd</u></p> <p>11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>31</u> yrs.</p> <p>13. Birthplace <u>Russelville E. Tenn.</u> (City or town) (State or foreign country)</p> <p>14. Exact Occupation <u>Farmer</u></p> <p>15. Industry or Business <u>Farm—Missoula, Montana</u></p>		<p>MOTHER OF CHILD</p> <p>16. FULL MAIDEN NAME <u>Emma Jane Mc Conkey</u></p> <p>17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>23</u> yrs.</p> <p>19. Birthplace <u>Corning, Iowa</u> (City or town) (State or foreign country)</p> <p>20. Exact Occupation <u>Housewife</u></p> <p>21. Industry or Business <u>Home</u></p>	
<p>22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Not at birth - given later to mother</u></p> <p>23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u></p>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 5:00 A.M. on the date March 13, 1942
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Emma Jane Byrd, who is related to this child as Mother
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____
Midwife

State of Idaho } ss.
County of Power

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 31 years, and that Dr. Poola, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Jane Byrd Signature
657 So. Main, Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 12 day of March 1942
(SEAL) W. Allen COUNTY CLERK, Residing at Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code.)

MAR 4 1942

Received for filing on _____ by _____, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

335422
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lincoln (b) City Jerome
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Jerome
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 mos. yrs.

4. **FULL NAME OF CHILD** CHARLES BROWN MAHON

5. Date of Birth of Child
(Month, day, year) December 27,

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** CHARLES MAHON
11. Color white 12. Age at time of THIS birth 28 yrs.
13. Birthplace National City, Calif.
(City or town) (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business Mercantile Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** ESTELLA EMMA BROWN
17. Color white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Garnet Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)

25. Attendant's **OWN signature** M.D. Address Date
Midwife

State of California
County of Stanislaus } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for since birth and that Dr. Piper who attended this birth is now deceased; I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Estella Emma Mahon Signature
131 Merritt Street, Turlock, P.O. Address
California.

Subscribed and sworn to before me this 2nd day of March, 1942, Calif.
(SEAL) Albert H. Rodin Notary Public, residing at Turlock, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by Mary E. Fisher, Registrar.

MAR 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

335425

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Madison (b) City Independence
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth).

(a) State Idaho (b) County Madison
(c) City Independence
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD

Gustave Wilhelm Casper

5. Date of Birth of Child

(Month, day, year) April 27, 1940

6. Sex

Male

7. Twin or

Triplet

No

If so—born

1st, 2nd, 3rd

8. No. months

of Pregnancy 9

9. Legitimate?

Yes

FATHER OF CHILD

10. FULL NAME

Oscar S Casper

11. Color

White

12. Age at time

of THIS birth 40 yrs.

13. Birthplace

Salt Lake City, Utah

(City or town)

(State or foreign country)

14. Exact

Occupation

Farming

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Wilhelminia Hennay

17. Color

White

18. Age at time

of THIS birth 35 yrs.

19. Birthplace

Idaho

(City or town)

(State or foreign country)

20. Exact

Occupation

Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 5 a. M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Wilhelminia Casper, who is related to this child as Mother (First name) (Last name)

(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho

County of Ben

ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 66 years of age, that I have known this person for 31 years, and that

Paterson (First name) (Last name), who attended this birth is now deceased I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wilhelminia Casper Signature

Emmett Idaho P. O. Address

Subscribed and sworn to before me this 26th day of February, 1942

(SEAL)

Elsa Salek

Notary Public residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by Marj E. Fisher Registrar.

APR 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

613-108102-845

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. **335459**
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 24 1942

1. PLACE OF BIRTH

(a) County Fremont (b) City Menan, Ida.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
IN THIS county 21 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Menan (b) County Fremont
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address Menan, Idaho

3. RESIDENCE of FATHER (city, state) Menan, Idaho

4. FULL NAME OF CHILD

Seth Watson

5. Date of Birth

(Month, day year) Feb. 8, 1910

6. Sex Male

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

William D. Watson

11. Color or Race White **12. Age at time of THIS birth** 34 yrs.

13. Birthplace Provo, Utah
(City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME

Margaret Hunting

17. Color or Race White **18. Age at time of THIS birth** 21 yrs.

19. Birthplace Menan, Idaho
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 7 A. M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by the mother, who is related to this child as (First name) (Last name)

26. (a) (Date received) March 1, 1942

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D.
and address (D.O., Midwife, etc.)
Date

State of Idaho } ss.
County of Adams

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Margaret Watson, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Seth Watson as mother (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Jones (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 18 day of February, 1942
(SEAL) Margaret Watson Signature
Matilda M. Jones Council, Idaho P. O. Address
Notary Public, residing at Clark District Court

APR 14 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Myrtle
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Myrtle
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 6 mo. yes
3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Bessie Mae Demaris
6. Sex female 7. Twin or Triplet single If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Nov. 22, 1910
8. No. months of Pregnancy 9 mo. 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Pascal Demaris
11. Color or Race white 12. Age at time of THIS birth 55 yrs.
13. Birthplace Ottumwa, Wapello Co., Iowa
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Fannie Williams
17. Color or Race white 18. Age at time of THIS birth 36 yrs.
19. Birthplace Lawrence, Douglas Co., Kansas
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature Washington M.D. Midwife Address Walla Walla Date
State of Walla Walla County of Walla Walla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 32 years, and that Dr. Harrington, who attended this birth cannot be located. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fannie Williams Demaris Signature
322 East Sumach St., Walla Walla, Wyo. Address

Subscribed and sworn to before me this 22nd day of February, 19 42.
(SEAL) Notary Public, residing at Walla Walla, Wash
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Marj Beeler, Registrar.

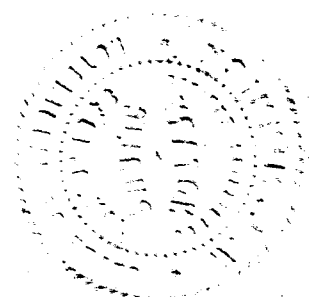
AUG 7 1967

JUN 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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364-1156007-364

335494

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Gimlet
(c) Street Address or R.F.D. No. at home at Gimlet
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county 2 1/2 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine
(c) City Gimlet (Ranch Home)
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 2 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Gimlet Idaho

4. FULL NAME OF CHILD

Clarence Clausen Comstock

Date of Birth of Child
(Month, day, year) Oct-15-1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charlie Abner Comstock

11. Color white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Watts Falls New York
(City or town) (State or foreign country)

14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL NAME Emma Lucinda Tomelson

17. Color white 18. Age at time of THIS birth 35 yrs.
19. Birthplace Woodland Washington
(City or town) (State or foreign country)

20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California ss.
County of Orange

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 31 years, and that Julia Thompson, who attended this birth, cannot be located I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

COMMISSION EXPIRES MARCH 29, 1945

Emma Lucinda Comstock Signature
Ukiah Calif 12980 Morgan St Address

Subscribed and sworn to before me this 2nd day of March, 1942
(SEAL) Benjamin Fineman Notary Public, residing at Ukiah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

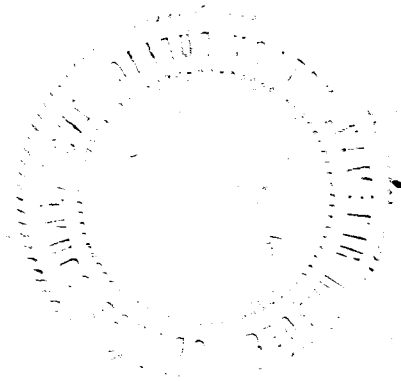
Received for filing on MAR 6 1942 by John E. Fisher Registrar.

FAR 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **335510**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Juliaetta
(c) ~~Street Address~~ or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
X At own home on farm.
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Juliaetta
(d) ~~Street Address~~ or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 13 yrs.
3. RESIDENCE OF FATHER (city, state) Juliaetta Idaho

4. FULL NAME OF CHILD Martha Luella Gilbert
5. Date of Birth of Child
(Month, day, year) 6-27-1910
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months usual of Pregnancy 9. Legitimate? ye

FATHER OF CHILD
10. FULL NAME Joseph Darwin Gilbert
11. Color white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Castleton Minnesota
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD Gilbert
16. FULL MAIDEN NAME Florence Luella Gilbert
17. Color white 18. Age at time of THIS birth 28 yrs.
19. Birthplace Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business X none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 12 noon M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Joseph D Gilbert wife, who is related to this child as Father's mother (First name) (Last name)
25. Attendant's OWN signature Joseph D Gilbert M.D. a doctor, Born, arrived 20" after the birth. Address Eugene, Ore. Date 2-26-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES MARCH 12, 1944
Subscribed and sworn to before me this 26 day of Feb 1942
(SEAL) Robert D. Burtlett Notary Public, residing at Eugene, Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 28 1942 by Martha D. Gilbert Registrar.

MAR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-100-075-962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **335512**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Culdesac
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Culdesac
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

4. FULL NAME OF CHILD Orville Benefiel
6. Sex Male **7. Twin or Triplet** One **If so—born** 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) Culdesac, Idaho
5. Date of Birth of Child (Month, day, year) April 20, 1910
8. No. months of Pregnancy 9 **9. Legitimate?** Yes

FATHER OF CHILD
10. FULL NAME Ernest Wesley Benefiel
11. Color or Race White **12. Age at time of THIS birth** 40 yrs.
13. Birthplace Polk County, Oregon
(City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Farming

MOTHER OF CHILD
16. FULL MAIDEN NAME Christena Robertson
17. Color or Race White **18. Age at time of THIS birth** 37 yrs.
19. Birthplace Maryland
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Washington **M.D.** Walla Walla **Address** ss. **Date**
State of
County of
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 31 years, and that Mrs. Tiffany who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ernest Wesley Benefiel Signature
307 S. Roosevelt St., Walla Walla, Wash. P. O. Address

Subscribed and sworn to before me this 25th day of February, 1942.
(SEAL) Harley W. Allen Notary Public, residing at Walla Walla, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

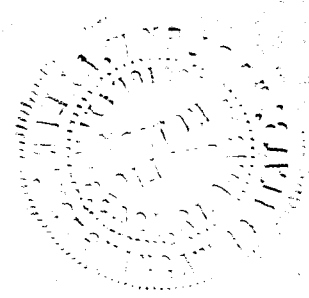
Received for filing on FEB 28 1942 by Harley W. Allen, Registrar.

MAR 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



335527

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Neotoma (b) City HARRISON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: delivered at home
(e) Mother's stay BEFORE delivery: 3 years 3 months 3 days
IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Neotoma
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 1215 Sherman
(e) How long has MOTHER lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene Ida.

5. Date of Birth of Child
(Month, day, year) Nov. 25, 1910

4. FULL NAME OF CHILD Burnette Carl Hamlin

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Claud B. Hamlin
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace North Platte, Nebraska
(City or town) (State or foreign country)
14. Exact Occupation Electrician—line man
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marie Helene Donert
17. Color White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Winona, Minnesota
(City or town) (State or foreign country)
20. Exact Occupation House-Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at Harrison M. on the date Mar. 2, 1942 and at the place stated above, and that personal particulars were furnished by Mrs. H. Hamlin, who is related to this child as Mother (First name) (Last name)

25. Attendant's OWN signature B. H. Reyer M.D. no Address Spokane Date Mar. 2, 1942

State of Idaho County of Neotoma ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 30 years of age, that I have known this person for 30 years, and that Burnette Carl Hamlin, who attended this birth, (First name) (Last name) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Burnette Carl Hamlin
P. O. Address

Subscribed and sworn to before me this 2 day of March, 1942

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by Mabel E. Reyer Registrar.

MAR 11 1942

MAR 29 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **335548**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Boise
(c) City Quartzburg
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Quartzburg, Idaho

5. Date of Birth of Child
(Month, day, year) Jan. 29, 1910

4. FULL NAME OF CHILD

Napina Margaret Ternan

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alfred Lawrence Ternan
11. Color White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Arthur, Ontario, Canada
(City or town) (State or foreign country)
14. Exact Occupation Gen. Store Owner & Mining
15. Industry or Business Selling Mdse. and Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Idaho Hanley
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Placerville, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Assistant Mgr. Of Gen. Store
21. Industry or Business Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Boise ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that L. F. McCalla, M. D. who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 13 day of March, 1942
(SEAL) Brayley Muegel Notary Public, residing at Brayley
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Registrar.

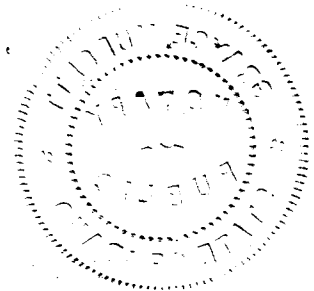
APR 25 1967

AUG 5 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



294-129-016-364

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **335583**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. Burley Hotel
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. Burley Hotel
(e) How long has MOTHER lived in Idaho? 9 yrs.

4. FULL NAME OF CHILD

Robert William Brubaker

5. Date of Birth of Child
(Month, day, year) 4-29-1910

6. Sex

Male

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate?

Yes

FATHER OF CHILD

10. FULL NAME

William Madison Brubaker

11. Color or Race

White

12. Age at time of THIS birth 36 yrs.

13. Birthplace

Greenville

Tennessee

14. Exact Occupation

Real Estate

15. Industry or Business

Long Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Marjorie Louise Laughlin

17. Color or Race

White

18. Age at time of THIS birth 36 yrs.

19. Birthplace

Hamlet

Illinois

20. Exact Occupation

Physician

21. Industry or Business

Physician

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....

(Mother, etc.)

(First name)

(Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of California
County of Alameda } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 32 years, and that

John Minter who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 25th day of February, 1942

(SEAL)

Notary Public, residing at Barkeley Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on FEB. 27 1942 by Marjorie, Registrar.

MAR 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



433-101019-276

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **335628**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Darlington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Barn at home of Parents
(e) Mother's stay BEFORE delivery: 10 years 2 months 0 days
IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Darlington
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs 2 mos
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Carl Ezra McClellan
7. Twin or Triplet No If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Sept 1, 1910
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME James Ezra McClellan
11. Color or Race white 12. Age at time of THIS birth 48 yrs.
13. Birthplace Harrisville, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Melissa Stoddard
17. Color or Race white 18. Age at time of THIS birth 39 yrs.
19. Birthplace Minersville, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)
25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Custer

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 39 years, and that Mrs George Richardson who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Mrs J E McClellan Signature
Idaho P. O. Address

Subscribed and sworn to before me this 25 day of February, 1944
(SEAL) [Signature] Notary Public, residing at Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires Aug. 1, 1945

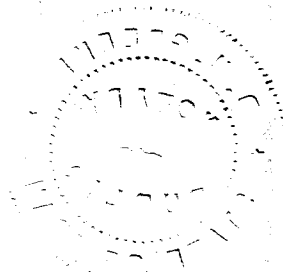
Received for filing on FEB 27 1942 by Mrs J E McClellan, Registrar.

MAR 12 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **335632**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Fremont** (b) City **St. Anthony**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **at Home**
(e) Mother's stay BEFORE delivery:
IN THIS county **3** years **8** months **18** days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **IDAHO** (b) County **Fremont**
(c) City **St. Anthony**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? **37** yrs.

4. FULL NAME
OF CHILD

LLOY ALBERT Prater

5. Date of Birth of Child

(Month, day, year) **Oct. 20, 1910**

6. Sex

Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy **9**

9. Legitimate? **yes**

FATHER OF CHILD

10. FULL
NAME

Edgar B. Prater

11. Color
or Race

white

12. Age at time
of THIS birth

34 yrs.

13. Birthplace

Logan

Iowa

(City or town)

(State or foreign country)

14. Exact
Occupation

Transfer

15. Industry or
Business

Transfer

MOTHER OF CHILD

16. FULL MAIDEN
NAME

Blanche May Bonsall

17. Color
or Race

white

18. Age at time
of THIS birth

26 yrs.

19. Birthplace

Bunlap

Iowa

(City or town)

(State or foreign country)

20. Exact
Occupation

Housewife

21. Industry or
Business

Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **1**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of **Idaho** } ss.
County of **Fremont**

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears
in Item 4, above, that I am now **57** years of age, that I have known this person for **31** years, and that
Muller, M. **Harschberger** who attended this birth. **now deceased** I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this **7** day of **January**, 19**42**

(SEAL)

Blanche M. Prater Signature
549 N. 1st North St. Anthony Idaho P. O. Address

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

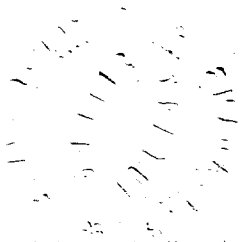
Received for filing on **FEB 27 1942** by **M. J. + 6. 1942** Registrar.

448 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File **335633**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Flamingo (b) City St. Anthony
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Name of Hospital or Maternity Home:

- (e) Mother's stay BEFORE delivery:
IN THIS county 14 years XX months - XX days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Flamingo
(c) City St. Anthony
(d) Street Address or R.F.D. No. R.F.D. #1
(e) How long has MOTHER lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state) St. Anthony, Idaho

5. Date of Birth of Child
(Month, day, year) Sept 6, 1910

4. FULL NAME OF CHILD Helem Jacobs

6. Sex female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Amos Canute Jacobs
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Newton, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Zina Elizabeth Halber
17. Color White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Perry, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____ who is related to this child as _____ (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife Address

Date

State of Idaho } ss.
County of Flamingo

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 31 years of age, that I have known this person for 31 years, and that Anderson B. Smith who attended this birth now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 25 day of February, 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by John E. Butler Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **335673**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Turner Falls (b) City Turner Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Turner Falls
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3.6 yrs.

3. RESIDENCE OF FATHER (city, state)

Idaho

4. FULL NAME OF CHILD

Floyel Christian Lohr

5. Date of Birth of Child

(Month, day, year) June 19 1910

6. Sex

Male

7. Twin or

Triplet no

If so—born

1st, 2nd, 3rd one

8. No. months

of Pregnancy 9

9. Legitimate?

yes

FATHER OF CHILD

10. FULL NAME

George B. Lohr

11. Color

white

12. Age at time

of THIS birth 4.0 yrs.

13. Birthplace

Broadway Virginia

(City or town)

(State or foreign country)

14. Exact

Occupation Farming

15. Industry or

Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Sophonia Lee Mart

17. Color

white

18. Age at time

of THIS birth 4.0 yrs.

19. Birthplace

Broadway Virginia

(City or town)

(State or foreign country)

20. Exact

Occupation House Wife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

SILVER NITRATE

23. Number of children of this mother: (a) At time of birth and including this child.

8 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was

unknown M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by

related to this child as X

(Mother, etc.)

(First name)

(Last name)

25. Attendant's

OWN signature X

M.D.

Midwife

Address X

Date X

State of

Idaho

County of

Turner Falls

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the

Mother

of the person whose name appears

(Mother, etc.)

in Item 4, above, that I am now

6.8

years of age, that I have known this person for

3.6

years, and that

Scott

, who attended this birth

cannot be located

further state that

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Sophonia L. Lohr

Signature

O. Address

Subscribed and sworn to before me this

14th

day of

February

1942

(SEAL)

Leah C. Carlholm

Notary Public, residing at

Turner Falls, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

MAR

2 1942

by

W. L. Lohr

Registrar.

JAN 5 1973

MAR 13 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

and process of law.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **335674**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bonner (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Bonner
(c) City Sandwich
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 14 yrs.

4. FULL NAME OF CHILD

Marnel Ellen Phillips

6. Sex

girl

7. Twin or Triplet

1st so - born
1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child
(Month, day, year) 1910 May 27

8. No. months of Pregnancy

9 mo 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

George H. Phillips

11. Color or Race

White

12. Age at time of THIS birth

38 yrs.

13. Birthplace

Knollton
(City or town)

Idaho
(State or foreign country)

14. Exact Occupation

work at the mill on Bonner

15. Industry or Business

carpenter

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mabelle Alice Phillips

17. Color or Race

white

18. Age at time of THIS birth

25 yrs.

19. Birthplace

Boise, Idaho
(City or town) (State or foreign country)

20. Exact Occupation

house keeping

21. Industry or Business

music + church work

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

Colorado mesa

M.D. Midwife

Address

Date

State of Colorado County of mesa ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 28 years, and that Mrs. Hale who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabelle Alice Phillips
Molina, Colo

Signature
P. O. Address

Subscribed and sworn to before me this 25 day of February, 19 42

(SEAL)

Alice L De Camp

Notary Public, residing at Molina, Colo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-913, Idaho Code Annotated.)

Received for filing on

MAR 2 1942

by

Mabel Phillips

Registrar.

MAR 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

717-108035-214

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

335685
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Nez Perce (b) City Genesee
(c) Street Address or R.F.D. No. R.F.D. #3
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 26 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Nez Perce
(c) City Genesee
(d) Street Address or R.F.D. No. R.F.D. #3

(e) How long has MOTHER lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Genesee, Idaho

5. Date of Birth of Child

(Month, day, year) March 8, 1910

4. FULL NAME OF CHILD Glenn Edward Gage

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Henry Gage
11. Color White 12. Age at time of THIS birth 53 yrs.
13. Birthplace Gardner, Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Maria Sampson
17. Color White 18. Age at time of THIS birth 43 yrs.
19. Birthplace Willamette Valley, Oregon
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Idaho County of Nez Perce ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....brother.....of the person whose name appears in Item 4, above, that I am now.....52.....years of age, that I have known this person for.....31.....years, and that

B. H. Thompson who attended this birth.....cannot be located.....I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this.....28th.....day of.....February.....1942
(SEAL) Notary Public, residing at.....Lewis and Clark

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....MAR 2 1942.....by.....Mabel E. Fisher.....Registrar.

MAR 10 1969

MAR 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SSS-122-210-515

335700

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 41 yrs.

4. FULL NAME OF CHILD James French Everett

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Idaho
5. Date of Birth of Child Apr. 22, 1910
(Month, day, year)

6. Sex M 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Henry Everett
11. Color White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Hooperville, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farming & Ranching
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie May Van Epps
17. Color White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Moreland, Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Bonneville

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for For life years, and that Josephine Thompson who attended this birth is deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie May Everett Signature
Idaho Falls, Ida. Rt. 2 P. O. Address

Subscribed and sworn to before me this 6th day of March, 19 42
(SEAL) W. J. Thompson Notary Public, residing at Idaho Falls, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by W. J. Thompson Registrar.

MAR 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



465-207-014-666

335731

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Home

(e) Mother's stay BEFORE delivery:
IN THIS county years months 5 days

4. FULL NAME OF CHILD Bessie Alice Monroe

6. Sex White 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Benjamin Robert Fern Monroe
11. Color White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Tennessee
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 31 yrs.
3. RESIDENCE OF FATHER (city, state) Emmett Idaho

5. Date of Birth of Child
(Month, day, year) March 27, 1910

8. No. months of Pregnancy 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Woods
17. Color White 18. Age at time of THIS birth 28 yrs.
19. Birthplace North Carolina
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of C.E.M. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 31 years, and that DR. GREEN who attended this birth IS NOW DECEASED I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia Monroe Signature
Emmett Idaho P. O. Address

Subscribed and sworn to before me this 28 day of Feb, 1942
(SEAL) Notary Public, residing at Emmett Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

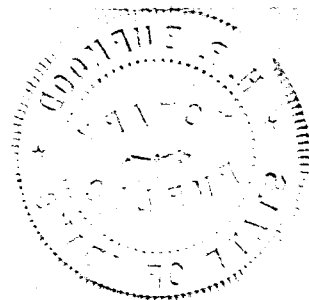
Received for filing on MAR 3 1942 by Mabel Keeler, Registrar.

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **335737**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Private Home
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
3. RESIDENCE OF FATHER (city, state) Pocatello, Ida

4. FULL NAME OF CHILD Carl Harry Anderson
6. Sex Male **7. Twin or** **If so—born**
Triplet **1st, 2nd, 3rd**

5. Date of Birth of Child
(Month, day, year) Sept. 23, 1910
8. No. months of Pregnancy 9 **9. Legitimate?** Yes

FATHER OF CHILD
10. FULL NAME Carl Gustav Anderson
11. Color or Race White **12. Age at time of THIS birth** 29 yrs.
13. Birthplace Alvesta, Sweden
(City or town) (State or foreign country)
14. Exact Occupation Steam pipe fitter
15. Industry or Business Railroad Shop

MOTHER OF CHILD
16. FULL MAIDEN NAME Amanda Mary Grahn
17. Color or Race White **18. Age at time of THIS birth** 30 yrs.
19. Birthplace Alvesta, Sweden
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D. Midwife Address Date**

State of IDAHO
County of BINGHAM } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for since birth years, and that Dr. Castell who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. C. G. Anderson Signature
696 So. Stout St. Blackfoot, Idaho P.O. Address

Subscribed and sworn to before me this 7th day of February, 1942.
(SEAL) [Signature] Notary Public, residing at Blackfoot, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914; Idaho Code Annotated.)

Received for filing on MAR 10 1942 by Mary E. [Signature] Registrar.

MAR 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

799-116-044-365

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
JAN 30 1942
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335742
Local Reg. No. 1
Reg. Dist. No. 1

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: 29 years months days
IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 29 yrs.

4. FULL NAME OF CHILD James Donald Pringle
6. Sex Male 7. Twin or Triplet 1 If so—born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) Weiser, Idaho
5. Date of Birth of Child (Month, day, year) Dec 16-1910
8. No. months of Pregnancy 7 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME James Luke Pringle
11. Color or Race White 12. Age at time of THIS birth 46 yrs.
13. Birthplace Winn, Scotland
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Belle Connell
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Portersville, Indiana
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 31 years, and that An Shirley who attended this birth Now Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Belle Pringle Signature
Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 29 day of January, 1942
(SEAL) [Signature] Notary Public, residing at Weiser, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by Mabel E. [Signature] Registrar.

MAR 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

255-190-007-962

MAR 10 1942 335763

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH.

(a) County BLAINE (b) City CAREY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days - 6 weeks
IN THIS county one years 6 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State IDAHO (b) County BLAINE
(c) City CAREY
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 1/2 yrs.
(f) Mother's mailing address CAREY, IDAHO

3. RESIDENCE of FATHER (city, state) CAREY, IDAHO

4. FULL NAME OF CHILD ANDREW ROBERTSON SNEDDEN

5. Date of Birth
(Month, day year) Sept. 30, 1910

6. Sex MALE 7. Twin or Triplet If so born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME PETER ALLEN SNEDDEN
11. Color or Race WHITE 12. Age at time of THIS birth 34 yrs.
13. Birthplace CLACKMANNON SCOTLAND
(City or town) (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARGARET ROBERTSON SNEDDEN
17. Color or Race WHITE 18. Age at time of THIS birth 39 yrs.
19. Birthplace WISHAW SCOTLAND
(City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date Sept. 30, 1910
was present at (born alive, stillborn) Snedden
and at the place stated above, and that personal particulars were furnished by Margaret Robertson, who is
related to this child as Mother (First name) (Last name)

26. (a) (Date received) (b) Margaret Robertson Snedden (Mother, etc.)
27. Given name added on by (Registrar's signature) 25. Attendant's OWN signature Mother (D.O., Midwife, etc.)
and address 429 W. Elm St., Inglewood, California Date 3-6-42

State of California } ss.
County of Los Angeles

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Margaret Robertson Snedden, being first duly sworn, say that I am the Mother of Andrew Robertson Snedden
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that a lady midwife, who attended said birth cannot be located (Name of attendant at birth) and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Margaret Robertson Snedden Signature
429 West Elm St., Inglewood, P. O. Address
1942 Calif.

Subscribed and sworn to before me on this 6th day of March 19 42
(SEAL) Nathan N. Bruce Notary Public, residing at 227 1/2 N. Manchester Inglewood, Calif.

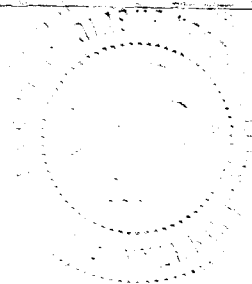
MAR 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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SEP 4 1952



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **335764**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County... Nez Perce (b) City... Greer
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State... Idaho (b) County... Latah
(c) City... RFD Greer, Idaho
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? ... 36 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Jessamine McKinney

5. Date of Birth of Child

(Month, day, year) ... Oct. 27, 1910

6. Sex female

7. Twin or
Triplet no

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Ralph McKinney

11. Color white 12. Age at time
or Race... of THIS birth... 36 yrs.

13. Birthplace... Liberty, Clark County, Iowa
(City or town) (State or foreign country)

14. Exact
Occupation... laborer

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Sussanah Talley

17. Color white 18. Age at time
or Race... of THIS birth... 36 yrs.

19. Birthplace... Santa Rosa, DeKalb County, Mo.
(City or town) (State or foreign country)

20. Exact
Occupation... housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child... 8 (b) Born alive and now living... 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)

(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife Address

Date

State of... Idaho } ss.
County of... Latah

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... mother..... of the person whose name appears
in Item 4, above, that I am now... 67... years of age, that I have known this person for... since birth... years, and that

..... Mrs. Cockle....., who attended this birth... is now deceased... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Sussanah Talley McKinney Signature
Potlatch, Idaho P. O. Address

Subscribed and sworn to before me this... 7... day of... March... 1942...

(SEAL)

Notary Public, residing at... g. at Potlatch, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on... MAR 10 1942... by... Wm. E. Fisher... Registrar.

1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

554-11-028-255

335808

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 2 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Gibbs
(c) Street Address or R.F.D. No. 202
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
IN THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coler & Allen
(d) Street Address or R.F.D. No. West St.
(e) How long has MOTHER lived in Idaho? 40 yrs.
3. RESIDENCE OF FATHER (city, state) Post Falls, Idaho

4. FULL NAME OF CHILD FREDERICK ARTHUR ENDERS

5. Date of Birth of Child
(Month, day, year) 5-11-1910

6. Sex MALE 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Alfred Felix Enders
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Morea Prairie Washington
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Fear Elizabeth Bedden
17. Color White 18. Age at time of THIS birth 16 yrs.
19. Birthplace Emmett Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 12 P. M. on the date 12 and at the place stated above and that personal particulars were furnished by Paul E. Carlson, who is related to this child as mother (First name) (Last name)

25. Attendant's signature Idaho M.D. Midwife Address Date

State of Idaho County of Kootenai ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for life years, and that Dr. Max D. Carlson, who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Paul E. Carlson Signature
Gov. Elmer L. Davis P. O. Address

Subscribed and sworn to before me this 27th day of February, 1942
(SEAL) Paul E. Carlson Notary Public, residing at Post Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho, Chapter 14, Idaho Code Annotated.)
Clerk of the District Court

Received for filing on MAR 2 1942 by Paul E. Carlson, Registrar.

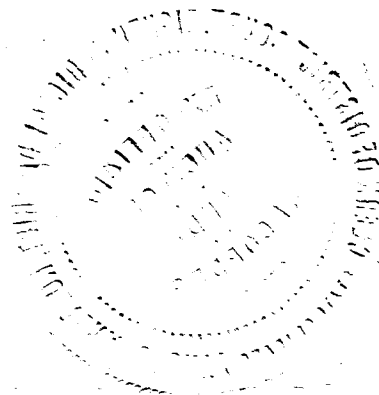
MAR 13 1941

JAN 31 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 12 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335817
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Palouse, Wn.
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: 2 years 2 months 2 days
IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Palouse, Wn.
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 2 yrs.
3. RESIDENCE OF FATHER (city, state) Palouse, Wn.

4. FULL NAME OF CHILD Dorothy Elma McCauley
6. Sex Female 7. Twin or Triplet Yes If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9 9. Legitimate? Yes

5. Date of Birth of Child (Month, day, year) Feb. 14, 1910

FATHER OF CHILD
10. FULL NAME William Elmer McCauley
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Dayton, Washington
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Flora Elizabeth Sanders
17. Color White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Lexington, Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature (Mother, etc.) M.D. Midwife Address Date

State of Oregon County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that Dr. Geo. J. Boyd, who attended this birth is deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Elmer McCauley Signature
Oceanlake, Oregon P. O. Address

Subscribed and sworn to before me this 23 day of Feb. 1942
(SEAL) Arthur C. Dene Notary Public, residing at Oceanlake

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by Mary J. Edgar Registrar.

MAR 13 1942

NOV 23 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-103-039-613

335841

335841

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 13 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years 9 months days

4. FULL NAME OF CHILD Claud Nellis Stier

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Claude N. Stier
11. Color White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Glennwood Maryland
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No. R.F.D.

(e) How long has MOTHER lived in Idaho?

3. RESIDENCE OF FATHER (city, state) American Falls, Idaho

5. Date of Birth of Child (Month, day, year) Nov. 3, 1910

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Wallis
17. Color White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Forest Hill Maryland
(City or town) (State or foreign country)
20. Exact Occupation Schoolteacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 31 years, and that Doctor Noth, who attended this birth is now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 12 day of March, 1942
(SEAL) C. Stone Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

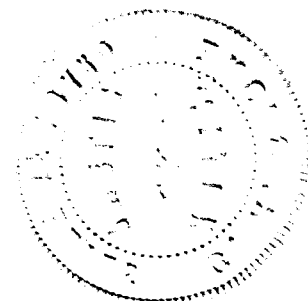
Received for filing on MAR 13 1942 by Maurice E. Eder, Registrar.

AUG 5 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 335842
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO MAR 12 1942

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Blaine (b) City Rexburg
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 1 years 2 months 11 days

4. FULL NAME OF CHILD Thomas Edwin Morefield

6. Sex male 7. Twin or Triplet Yes If so - born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Thomas G. Morefield
11. Color white 12. Age at time of THIS birth 28 yrs.
13. Birthplace Wichita, Nebraska
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Blaine
(c) City Rexburg
(d) Street Address or R.F.D. No. 2

(e) How long has MOTHER lived in Idaho? 1-7 yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg, Idaho

5. Date of Birth of Child
(Month, day, year) Dec 2 - 1910

8. No. months of Pregnancy 9 months Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Jameth E. Aldrich
17. Color white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Hawes, Nebraska
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.)

25. Attendant's OWN signature Dr. Jas. R. Shupe - married M.D. Address Date

State of Idaho } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of Cassia }

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now 54+ years of age, that I have known this person for 9 years, and that Dr. Jas. R. Shupe who attended this birth is now dead. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 11 day of March, 1942

(SEAL) Harry H. Tucker Notary Public, residing at Curley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by Mary E. Jones Registrar.

MAR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

142-1071032-394
MAR 13 1942

335850

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **335850**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Clayton (b) City Wilson Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Clayton
(c) City Wilson
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD

Chesley Roy Austin

5. Date of Birth of Child
(Month, day, year) 6-7-1910

6. Sex

male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Lincoln Austin
11. Color White 12. Age at time
or Race of THIS birth 47 yrs.
13. Birthplace Idaho same
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Clake Austin
17. Color White 18. Age at time
or Race of THIS birth 40 yrs.
19. Birthplace Idaho same
(City or town) (State or foreign country)
20. Exact Occupation Child Nurse
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature M.D. Address Date
Midwife

State of ss.
County of

AFFIDAVIT to be completed when the attendant does not sign
in Item 25

I, the undersigned, being first duly sworn, say that I am the Nellie C. Austin of the person whose name appears
(Mother, etc.)
in Item 1 above, that I am now 70 years of age, that I have known this person for 31 years, and that
Mrs. John Bernard who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Nellie C. Austin Signature
Boise Ida Ben. Rd P. O. Address

Subscribed and sworn to before me this 13th day of March, 1942.
(SEAL) Edwin Rich Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. Expires 3-10-46

Received for filing on MAR 13 1942 by Mary E. Elder Registrar.

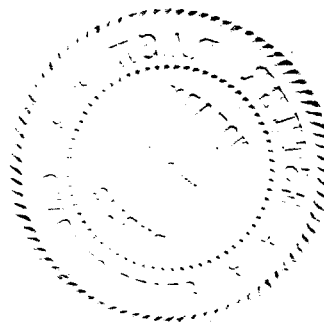
MAR 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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MAR 9 - 1954



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

MAR 13 1942

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ida (b) City Boise
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county 18 years — months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?.....yrs.

3. **RESIDENCE OF FATHER** (city, state)
5. Date of Birth of Child Oct 11th 1910
(Month, day, year)

4. **FULL NAME OF CHILD** Emma Mary Reed

6. Sex ♀ 7. Twin or Triplet 5 If so—born 1st, 2nd, 3rd — 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD Thomas A Reed **MOTHER OF CHILD** Clazel Emma Pearce

10. **FULL NAME** Thomas A Reed 16. **FULL MAIDEN NAME** Clazel Emma Pearce
11. Color white 12. Age at time of THIS birth 25 yrs. 17. Color white 18. Age at time of THIS birth 19 yrs.
13. Birthplace Ida (City or town) (State or foreign country) 19. Birthplace Ida (City or town) (State or foreign country)
14. Exact Occupation Railroad shop worker 20. Exact Occupation Wife
15. Industry or Business Wife 21. Industry or Business Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Ag 1:13

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alma at 3:30 P M. on the date 3-6-42
(Born alive, stillborn) Mr. Lloyd Reed who is related to this child as husband (First name) (Last name)

25. Attendant's John Boutz M.D. Midwife Address Boise Ida Date 3-6-42
OWN signature

State of..... } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of..... }

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)..... Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by Maud E. Eden, Registrar.

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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168-246-091-713
MAR 11 1942

335853

335853

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1820-N-7th St.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME OF CHILD

Mary Lorraine Johnesse

7. Twin or Triplet

If so—Born 1st, 2nd, 3rd

6. Sex

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1820-N-7th St.

(e) How long has MOTHER lived in Idaho? 9 1/2 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child (Month, day, year) Feb. 16 - 1910

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Frank Ernest Johnesse

11. Color White 12. Age at time of THIS birth 40 yrs. 1/2 mo.

13. Birthplace Montrose, Iowa
(City or town) (State or foreign country)

14. Exact Occupation Mining Engineer

15. Industry or Business Mineral Inspector, U.S.A.

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Louise Patten

17. Color White 18. Age at time of THIS birth 35 yrs.

19. Birthplace Montrose, Iowa
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho County of Ada ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for years, and that

Dr. Geo. Collier (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mary Johnesse Signature
1612 N. Jefferson St. Boise, Ida. P. O. Address

Subscribed and sworn to before me this 13th day of March, 1942.

(SEAL)

Emmily Robertson

Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1942 by Mary E. Elder Registrar.

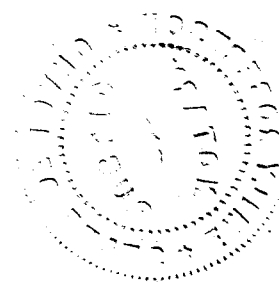
FEB 19 1975

MAR 11 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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293-11920 25-635

335896

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Myer (b) City Gifford
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery
IN THIS county 26 years 3 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County.....
(c) City Gifford
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child 3-19-1910
(Month, day, year)

4. FULL NAME OF CHILD Best Cornelius Sills

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 2nd 8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lake Fredrick Sills
11. Color White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hattie Prudence Olney
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of WASHINGTON County of PIERCE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 31 years, and that D. H. Harrington, who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Prudence Sills Signature
P. O. Address

Subscribed and sworn to before me this 10th day of MARCH, 1942
(SEAL) D. H. Harrington Notary Public, residing at TACOMA

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

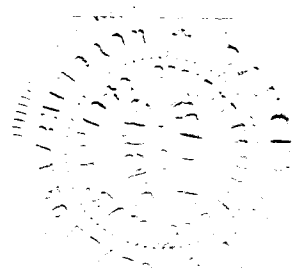
Received for filing on MAR 11 1942 by Marcel E. Eder, Registrar.

MAR 14 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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592-123 028 954

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **335906**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Athol
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 11 years 4 months 1 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Athol
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 11 1/2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Athol, Idaho

4. **FULL NAME OF CHILD** EDWARD NELSON VISNAW

5. Date of Birth of Child
(Month, day, year) 6/23/1910

6. Sex Male 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>EDWARD JOSEPH VISNAW</u>	16. FULL MAIDEN NAME <u>MARY ELIZABETH REMINGTON</u>	11. Color <u>White</u>	17. Color <u>White</u>
12. Age at time of THIS birth <u>36</u> yrs.	18. Age at time of THIS birth <u>28</u> yrs.	13. Birthplace <u>Bay City, Michigan</u> (City or town) (State or foreign country)	19. Birthplace <u>Webster City, Iowa</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Woods worker</u>	20. Exact Occupation <u>Housewife</u>	15. Industry or Business <u>Himself</u>	21. Industry or Business <u>None</u>

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington County of Spokane } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 31 years, and that Mrs. S. A. Remington, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

The facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Elizabeth Visnaw Signature
West 1403 Grace, Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 2nd day of March, 1942.
(SEAL) J. J. Gordon Notary Public, residing at Spokane, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by Mary E. Fisher, Registrar.

MAY 21 1952

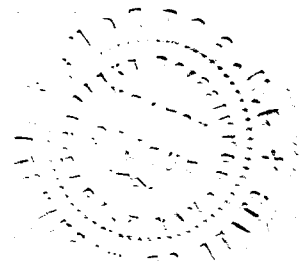
OCT 4 1960

MAR 14 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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315117009 869

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 4 1942

State File No.....

Local Reg. No.....

Reg. Dist. No.....

335911

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bonniers (b) City Landpoint
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: At own home
(e) Mother's stay BEFORE delivery:
IN THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Bonniers
(c) City Landpoint
(d) Street Address or R.F.D. No. General Delivery
(e) How long has MOTHER lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Landpoint Idaho

5. Date of Birth of Child
(Month, day, year) Sept. 17, 1910

4. FULL NAME OF CHILD

Eugene Budd Tanner

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD (TANNER)

10. FULL NAME George Henry Tanner
11. Color White 12. Age at time of THIS birth 41 yrs.
13. Birthplace Buffalo New York
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine ~~1~~ Horn
17. Color White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Pelican Lake Minnesota
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Washington }
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 31 years, and that Dr. (unknown) McKinnon, who attended this birth deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine Tanner Signature
71-3317 Ridgewood P. O. Address

Subscribed and sworn to before me this 3 day of March, 19 42
(SEAL) Winnifred McKinnon Notary Public, residing at Spokane Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-814, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by Mabel H. Egan, Registrar.

MAR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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419 106 016 395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

335912

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>CASSIA</u> (b) City <u>OAKLEY</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: IN THIS county <u>9</u> years <u>19</u> months <u> </u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>CASSIA</u> (c) City <u>OAKLEY</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>10</u> yrs.	
4. FULL NAME OF CHILD <u>LYMAN L E NOIR MARTINDALE</u>		3. RESIDENCE OF FATHER (city, state) <u>OAKLEY, IDA.</u> 5. Date of Birth of Child (Month, day, year) <u>MARCH 6, 1910</u>	
6. Sex <u>MALE</u>		7. Twin or Triplet <u>NO</u> If so—born 1st, 2nd, 3rd <u> </u>	
8. No. months of Pregnancy <u>9</u>		9. Legitimate? <u>YES</u>	
FATHER OF CHILD 10. FULL NAME <u>JOSEPH ALONZO MARTINDALE</u> 11. Color <u>WHITE</u> 12. Age at time of THIS birth <u>33</u> yrs. 13. Birthplace <u>GRANTSVILLE, UTAH</u> (City or town) (State or foreign country) 14. Exact Occupation 15. Industry or Business <u>SHEEP BUSINESS</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>LUCY ARMINDA TINSLEY</u> 17. Color <u>WHITE</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace <u>WEST WEBER, WEBER CO., UTAH</u> (City or town) (State or foreign country) 20. Exact Occupation <u>DRESSMAKER</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 16

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE at 11 A. M. on the date 14 of month, 1942 (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by LUCY A. MARTINDALE, who is related to this child as MOTHER (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of IDAHO } ss.
County of CASSIA

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that DR. A. F. O. NIELSON who attended this birth IS NOW DECEASED I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

L E Noir Martindale Signature
252 NO NORMAL BURLEY, IDAHO P. O. Address

Subscribed and sworn to before me this 16 day of February 1942
(SEAL) Henry H. Parker Notary Public, residing at Burley, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by Maude E. Fisher Registrar.

448 11 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 4 1942

State File No. 335929
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bannock (b) City Preston
(c) Street Address or R.F.D. No. North Arthur St.
(d) Name of Hospital or Maternity Home:
Child was born at home.
(e) Mother's stay BEFORE delivery:
IN THIS county years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Bannock
(c) City Preston
(d) Street Address or R.F.D. No. North Arthur
(e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Preston, Idaho

4. FULL NAME OF CHILD Virginia Ruth Arbuckle

5. Date of Birth of Child
(Month, day, year) August 10, 1916

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Aubrey Thomas Arbuckle
11. Color white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Sedalia, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Bookkeeper
15. Industry or Business Union Pacific Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Isabella Elizabeth Peterson
17. Color White 18. Age at time of THIS birth 38 yrs.
19. Birthplace Kogan, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 31 years, and that Doctor Hill, who attended this birth, cannot be located I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Oliver Peterson Signature
Hamer, Idaho P. O. Address

Subscribed and sworn to before me this 25 day of February, 1942.
(SEAL) Edna J. Jones Notary Public, residing at Idaho Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by Maud Freeman, Registrar.

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

753 210-040-515
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

335937
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Born at home of parents
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Sherida
(c) City Wardner
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.
3. **RESIDENCE OF FATHER** (city, state) Wardner, Idaho

4. **FULL NAME OF CHILD** Marguerite Audrey Peterson

5. Date of Birth of Child May 10, 1910
(Month, day, year)

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Bert Walter Peterson
11. Color White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Grantsburg, Wisc.
(City or town) (State or foreign country)
14. Exact Occupation Miner & Carpenter
15. Industry or Business Bunker Hill Mining Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha May Van Ness
17. Color White 18. Age at time of THIS birth 18 yrs.
19. Birthplace Greenville, Ill
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of MICHIGAN
County of WAYNE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 31 years, and that Bunker Hill Hospital Dr. who attended this birth Cannot be located I further state that Name Unknown
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 16 day of March, 1942
(SEAL) Notary Public, residing at 4299 Pacific Ave Detroit Mich.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

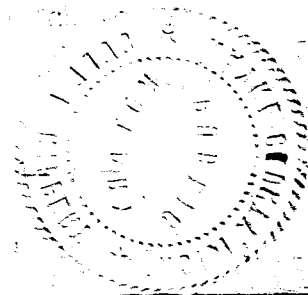
Received for filing on MAR 5 1942 by , Registrar.

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



695 222-003-695

335950

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 128 N. 11th Ave.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county / years / months days

4. FULL NAME OF CHILD

Dorothy Winschell

7. Twin or

If so—born

6. Sex Female Triplet

1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Harry William Winschell

11. Color White 12. Age at time of THIS birth 25 yrs.

13. Birthplace East Benton Montana
(City or town) (State or foreign country)

14. Exact Occupation O.S.L. Brakeman

15. Industry or Business O.S.L. Railroad

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock

(c) City Pocatello

(d) Street Address or R.F.D. No. 128 N. 11th Ave

(e) How long has MOTHER lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho

5. Date of Birth of Child

(Month, day, year) July 22, 1910

8. No. months

of Pregnancy 9

9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Mattie Monack Winschell

17. Color White 18. Age at time of THIS birth 25 yrs.

19. Birthplace Salida Springs Idaho
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at..... M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Mattie Winschell, who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature J. M. Sprague M.D. Midwife Address Boise Idaho Date 3-9-42

State of..... County of..... } **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that

....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by Maud Beeler, Registrar.

JUN 20 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

562-125037-239

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 3 1942

State File No. **335989**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County **Owyhee** (b) City **Bruneau**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **At home**

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
IN THIS county **29** years **6** month **19** days

4. FULL NAME OF CHILD

Samuel Otis Noble

6. Sex **male**

7. Twin or Triplet **no**

If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME **Robert Clyde Noble**

11. Color or Race **White** 12. Age at time of THIS birth **34** yrs.

13. Birthplace **North Muskegon, Michigan**
(City or town) (State or foreign country)

14. Exact Occupation **Road Overseer, Owyhee Co. Ida.**

15. Industry or Business **None**

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Owyhee**

(c) City **Bruneau, Idaho**

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? **29** yrs.

(f) Mother's mailing address **Bruneau, Idaho**

3. RESIDENCE of FATHER (city, state) **Bruneau, Ida.**

5. Date of Birth

(Month, day year) **Feb. 25, 1910**

8. No. months

of Pregnancy **9 mos 4** Legitimate? **yes**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Iva Lorain Strickland**

17. Color or Race **White** 18. Age at time of THIS birth **29** yrs.

19. Birthplace **Bruneau, Idaho**
(City or town) (State or foreign country)

20. Exact Occupation **Housewife**

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **4** (b) Born alive and now living **4**
(c) Born alive and now dead **none** (d) Stillborn **none**

24. I HEREBY CERTIFY That I attended the birth of this child, who was **born alive** **9** AM. on the date

and at the place stated above, and that personal particulars were furnished by **Alice Strickland**, who is related to this child as **grandmother**
(First name) (Last name)

26. (a) (Date received)

(b) **Mary L. Strickland**
(Mother, etc.) (Registrar's signature)

25. Attendant's OWN signature **Alice L. Strickland**
(D.O., Midwife, etc.)

27. Given name added on by
(Registrar's signature)

and address **Bruneau, Idaho** Date

State of } ss.
County of

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I,, being first duly sworn, say that I am
(Name of person on certificate above) (State relationship or acquaintance) whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that, who attended

said birth and that this birth has not been previously recorded.
(Name of attendant at birth)

(Is now deceased (or) cannot be located)

MAR 3 1942

Subscribed and sworn to before me on this day of, 19.....

(SEAL)

Notary Public, residing at

Signature

P. O. Address

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-230022296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **336006**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Fremont</u> (b) City <u>Chester</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Born at home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>28</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>Fremont</u> (c) City <u>Chester</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>28</u> yrs.	
4. FULL NAME OF CHILD <u>ELISA LUCILLE HATHAWAY</u>		5. Date of Birth of Child (Month, day, year) <u>June 30 1910</u>	
6. Sex <u>Female</u>		7. Twin or Triplet <u>no</u>	
8. No. months of Pregnancy <u>8+</u>		9. Legitimate? <u>yes</u>	
FATHER OF CHILD			
10. FULL NAME <u>JOHN ELISHA HATHAWAY</u>			
11. Color or Race <u>white</u>			
12. Age at time of THIS birth <u>39</u> yrs.			
13. Birthplace <u>North Ogden Utah</u> (City or town) (State or foreign country)			
14. Exact Occupation <u>Farmer</u>			
15. Industry or Business			
MOTHER OF CHILD			
16. FULL MAIDEN NAME <u>MART BROWN</u>			
17. Color or Race <u>white</u>			
18. Age at time of THIS birth <u>32</u> yrs.			
19. Birthplace <u>Pleasant View Utah</u> (City or town) (State or foreign country)			
20. Exact Occupation <u>House wife</u>			
21. Industry or Business			

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
 23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 25

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is
 related to this child as (First name) (Last name)
 (Mother, etc.)

25. Attendant's
 OWN signature M.D. Address Date
 Midwife

State of Idaho
 County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
 in Item 4 above, that I am now 63+ years of age, that I have known this person for 31 years, and that
Dr. B. Best who attended this birth is now deceased. I further state that
 (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
 Chapter 139, 1937 Session Laws.

Mary Hathaway Signature
Chester Idaho P. O. Address

Subscribed and sworn to before me this 2 day of March, 1942
 (SEAL) Orneson Notary Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

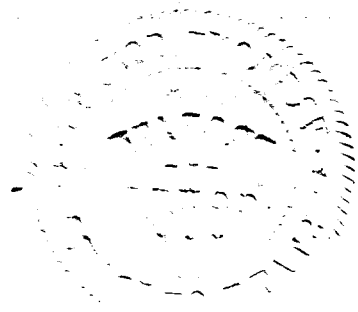
Received for filing on MAR 6 1942 by Mary 76 Registrar.

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



[Handwritten signature or initials]

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

563 124 028 447

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 4 1943 36033

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH: (a) County <u>Idaho</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>707 Wallace</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home.....days. In THIS county <u>Idaho</u>months.....days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>707 Wallace</u> (e) How long has MOTHER lived in Idaho? <u>1 year</u> (f) Mother's mailing address <u>707 Wallace</u>	
4. FULL NAME OF CHILD <u>William Henry Holland</u>		5. Date of Birth (Month, day, year) <u>May 24, 1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>Triplet</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>William Henry Holland</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>32</u> yrs. 13. Birthplace <u>Pennsylvania</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Oil driller</u> 15. Industry or Business <u>Oil worker</u>		MOTHER OF CHILD 16. FULL NAME <u>Ellen Almida Weper</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>32</u> years 19. Birthplace <u>Michigan</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Unknown</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>3</u> (c) Born alive and now dead <u>4</u> (d) Stillborn.....			

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(born alive, stillborn) (First name) (Last name)

26. (a).....(Date received) (b) Mar 24 1943 (Registrar's signature)
27. Given name added on.....by.....(Registrar's signature)
25. Attendant's OWN signature.....M.D. or (D.O., Midwife, etc.)
and address Date

State of Nevada } ss.
County of Washoe

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eva Carrick, being first duly sworn, say that I am.....Related (Related to (or) acquainted with)
William Holland as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mr. Holland (Name of attendant at birth) said birth.....unknown and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 25th day of November

(SEAL)

Notary Public, residing at Boise, Idaho

My Commission Expires January 31, 1944

MAR 19 1942

NEWS OF IDAHO

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

464-222008-453

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 25 1942
STATE OF IDAHO

State File No. 336060
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Gardenia
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
IN THIS county 11 years months days
2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Gardenia
(d) Street Address or R.F.D. No. RFD
(e) How long has MOTHER lived in Idaho? 28 yrs.
3. RESIDENCE OF FATHER (city, state) Gardenia, Ida

4. FULL NAME OF CHILD Olga Larcena Moulton
5. Date of Birth of Child Jan. 22, 1910
(Month, day, year)
6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD
10. FULL NAME Franklin Moulton
11. Color White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Centerville, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming
- MOTHER OF CHILD
16. FULL MAIDEN NAME Flora Ann Deck
17. Color White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Blackfoot, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child.....5 (b) Born alive and now living.....5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
State of.....Idaho.....ss.
County of.....Cam.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

- I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears in Item 4, above, that I am now.....59.....years of age, that I have known this person for.....32.....years, and that Mrs. Patney....., who attended this birth.....Cannot Locate.....I further state that (Is now deceased) or (Cannot be located)
(First name) (Last name)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Flora A Moulton Signature
Emmett, Idaho P. O. Address

- Subscribed and sworn to before me this 21 day of February, 1942
(SEAL) Notary Public, residing at Emmett, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

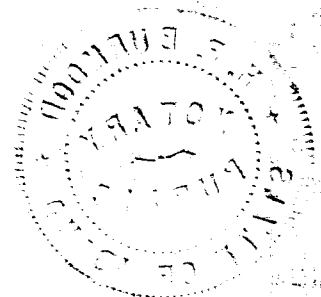
Received for filing on FEB 25 1942 by Mabel Z. Fisher, Registrar.

DEC 17 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

318 203001-854

336094

336094

United States
Department of Commerce
Bureau of the Census

MAR 16 1942

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Home
(d) Name of Hospital or Maternity Home Home
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Home
(e) How long has MOTHER lived in Idaho? 5 yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Virginia Mildred Taylor

5. Date of Birth of Child Aug 31 1910
(Month, day, year)

6. Sex F 7. Twin or Triplet - If so - born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Alva D. Taylor
11. Color W 12. Age at time of THIS birth 22 yrs.
13. Birthplace Calo
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Goldie C. Henline
17. Color W 18. Age at time of THIS birth 21 yrs.
19. Birthplace Mich.
(City or town) (State or foreign country)
20. Exact Occupation H. W.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. 146092113.001
23. Number of children of this mother: (a) At time of birth and including this child. 1 (b) Born alive and now living. 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 5 P. M. on the date 3-13-42
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mrs Goldie Taylor who is related to this child as mother
(First name) (Last name)

25. Attendant's OWN signature John Bueck M.D. Midwife Address Boise Ida Date 3-13-42

State of Idaho } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the John Bueck of the person whose name appears in Item 4, above, that I am now 22 years of age, that I have known this person for 2 years, and that John Bueck, who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature John Bueck
P. O. Address

Subscribed and sworn to before me this 13 day of March, 1942.
(SEAL) Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1942 by Mary E. Elder Registrar.

MAR 16 1942

AUG 7 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 33, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-106 020-867

336108

United States **MAR 16 1942** (Be sure the information is as of date of birth of THIS child)
 Department of Commerce
 Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **336108**
 Local Reg. No.
 Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
 (a) County Elmore (b) City Mountain Home
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home: Residence of parents.
 (e) Mother's stay **BEFORE** delivery: IN THIS county 3 years 3 months 5 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 (a) State Idaho (b) County Elmore
 (c) City Mountain Home
 (d) Street Address or R.F.D. No.
 (e) How long has **MOTHER** lived in Idaho? 3 1/2 yrs.
3. **RESIDENCE OF FATHER** (city, state) Same as No. 2

4. **FULL NAME OF CHILD** Frank Hopkins Bowers
 5. Date of Birth of Child (Month, day, year) July 6, 1910
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
 8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
 10. **FULL NAME** William Christian Bowers
 11. Color White 12. Age at time of THIS birth 43 yrs.
 13. Birthplace Harrisonburg Virginia (City or town) (State or foreign country)
 14. Exact Occupation Farmer
 15. Industry or Business
- MOTHER OF CHILD**
 16. **FULL MAIDEN NAME** Fannie Love Hopkins
 17. Color White 18. Age at time of THIS birth 37 yrs.
 19. Birthplace Harrisonburg Virginia (City or town) (State or foreign country)
 20. Exact Occupation Housewife
 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
 23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)
 (Mother, etc.)

25. Attendant's **OWN** signature Idaho M.D. Midwife Address Date
 State of Idaho County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 31 1/2 years, and that Mrs. Honga who attended this birth Is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Fannie Love Bowers Signature
1516 North 22 nd St. Boise, Idaho P. O. Address
 Subscribed and sworn to before me this 14 day of March, 1942
 (SEAL) [Signature] Notary Public, residing at Boise, Idaho
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1942 by Mary E. Elder, Registrar.

MAR 17 1942

AUG 18 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

319 104 028 219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

336132
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. R. 2, P. 1
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. R. 2, P. 1
(e) How long has MOTHER lived in Idaho? 3 yrs

4. FULL NAME OF CHILD

Hiram Stewart Carder

6. Sex

Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

10. FULL NAME

Joseph Edward Carder

11. Color

White

12. Age at time

4.8 yrs.

13. Birthplace

Bozeman, Montana

14. Exact

Farmer

15. Industry or

Business

16. FULL MAIDEN NAME

Susan Gertrude Barrier

17. Color

White

18. Age at time

3.4 yrs.

19. Birthplace

Camden, Illinois

20. Exact

Housewife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

not known

23. Number of children of this mother:

(a) At time of birth and including this child 2

(b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho

County of Kootenai

ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears
in Item 4, above, that I am now 29 years of age, that I have known this person for 3 years, and that
by John C. Dwyer M.D. who attended this birth. is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 25th day of February, 1942

(SEAL)

M. E. Traub

Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 1942

by Mabel T. Telford

Registrar.

SEP 24 1963

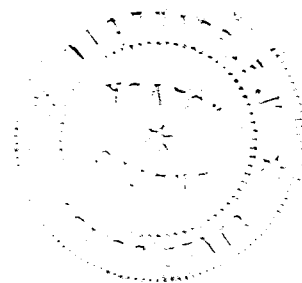
APR 7 1965

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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165 729 004-673

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

JAN 16 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File N 336134

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. So. 9th
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay BEFORE delivery:
IN THIS county 31 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. So. 9th
(e) How long has MOTHER lived in Idaho? 48 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho, Montpelier

4. FULL NAME OF CHILD Cecil Jonely
6. Sex Male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) June 29, 1910

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Wm. Jonely
11. Color White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Unknown Switzerland
(City or town) (State or foreign country)
14. Exact Occupation Railroad Engineer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Anna Opliger
17. Color White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Luzon Switzerland
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 34 years of age, that I have known this person for 32 years, and that unknown, who attended this birth unknown. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

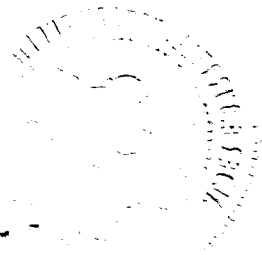
Subscribed and sworn to before me this 21st day of February, 1942.
(SEAL) Walter E. Burrell Notary Public, residing at East Los Angeles
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 16 1942 by Mary E. Becker Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH
BOISE, IDAHO

INSTRUCTIONS FOR FILING A DELAYED BIRTH CERTIFICATE

1. Use only Idaho form for Idaho births.
2. Each state has its own forms, laws, rules and regulations.
3. A birth certificate can be filed only in the state where the birth occurred.
4. The complete Idaho law is on the reverse side of the accompanying certificate blank.
5. Read the law and certificate carefully.

NOTE: FIRST 24 NUMBERED ITEMS ON THE CERTIFICATE RELATE TO CONDITIONS EXISTING ON THE DAY THE BIRTH OCCURRED. To avoid having certificate returned, please observe this.

6. Do NOT file a birth certificate for a person born in Idaho since July 1, 1911, until you have ascertained that no record has been previously filed by the attending physician, midwife, or other person.
7. If the attending physician or midwife is living, he or she MUST sign in item 25. DO NOT COMPLETE THE AFFIDAVIT IN THIS INSTANCE.
8. If the attending physician or midwife is now deceased, LEAVE ITEM 25 BLANK. Appear before a notary and complete the affidavit.
9. The following persons should not execute the affidavit since their "direct knowledge in the premises" relating to the birth may be open to question:
(a) any person younger than the person whose birth certificate is being filed.
(b) the person himself, or (c) the person's wife, husband or children.
10. Certified copies of a birth certificate are fifty cents each. Payment must be made in advance. Send remittance by MONEY ORDER payable to the Bureau of Vital Statistics, Boise, Idaho. Do not remit stamps or personal checks. There is no legal provision for "uncertified copies".

Write plainly, neatly, and accurately as photostat copies of birth certificates are now being made. Use ink or typewriter. DO NOT USE PENCIL. Certificates will be returned if not acceptable for photostat use.

2120-5th St.,
Bremerton, Wn
1-9-41

Department of Vital Statistics
Boise, Idaho

Gentlemen:

I have completed as near as possible, the enclosed
Certificate of Birth.

The only other information I might give you is that
my mother died in 1932 and my father in 1934. They were
lifetime residents of Montpelier. Attending physician
at time of my birth Dr. G.F. Ashley is also dead.

The only other person whom I might know and could
vouch for my birth would be County Clerk, Sam V. Tunks,
Paris, Idaho, who knew my parents and who also knows me.

I would appreciate urgent action in connection
with obtaining this Birth Certificate.

Very truly yours,

Lecil Gentry

745. 91 244

896 119 031-268

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 20 1942

336137
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County LEWIS (b) City Monter
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At home on ranch
(e) Mother's stay BEFORE delivery: 14 years ? months ? days
IN THIS county

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lew
(c) City Monter
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Loren Andrew Fifer
5. Date of Birth of Child (Month, day, year) Oct. 19 1910
6. Sex Male 7. Twin or Triplet ? If so—born 1st, 2nd, 3rd Full
8. No. months of Pregnancy Full 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** John Fifer
11. Color W 12. Age at time of THIS birth 30 yrs.
or Race ?? of Missouri
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Harriet Boyer
17. Color W 18. Age at time of THIS birth 20 yrs.
or Race W of Missouri
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Yes

22. Name prophylactic used to prevent Ophthalmia Neonatorum I
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was I at 9 P M. on the date 12 23 N and at the place stated above, and that personal particulars were furnished by Loren A. Fifer, who is related to this child as (First name) (Last name)

25. Attendant's (Mother, etc.)
OWN signature B. A. Jefferys **M.D.** Midwife **Address** Los Angeles Cal **Date** Mar 7-42
State of Washington
County of Ferry

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 32 years of age, that I have known this person for 32 years, and that B. A. Jefferys, who attended this birth Cannot be located. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriet Overman Signature
Inchelium, Wash.. P. O. Address

Subscribed and sworn to before me this 10th day of February 19 42
(SEAL) Burdie Rail Notary Public, residing at Inchelium, Wash..
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by Mary H. Fisher Registrar.

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

289-103 040-218

336146

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City WARDNER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: 8 years 14 months 14 days
IN THIS county

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County Shoshone
(c) City WARDNER
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
3. **RESIDENCE OF FATHER** (city, state) WARDNER

4. **FULL NAME OF CHILD** JOHN JOSEPH SHIELDS
5. Date of Birth of Child (Month, day, year) MAY 3 1910
6. Sex MALE 7. Twin or Triplet 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate?

FATHER OF CHILD
10. **FULL NAME** MARK MORIS SHIELDS
11. Color or Race WHITE 12. Age at time of THIS birth 33 yrs.
13. Birthplace PENNSYLVANIA
(City or town) (State or foreign country)
14. Exact Occupation MILNER
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** EVA MARIE SAHLMAN
17. Color or Race WHITE 18. Age at time of THIS birth 17 yrs.
19. Birthplace MARIETTE ILLINOIS
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 423

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date
State of Oregon County of Clackamas } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 32 years, and that Dr. Whittaker is now deceased who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva Marie Sahlman Signature
Rt. 2, Woodburn, Oregon P. O. Address

Subscribed and sworn to before me this 5th day of March, 19 12
(SEAL) GUY H. PACE, COUNTY CLERK Notary Public, residing at BY
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Dep

Received for filing on MAR 12 1912 by Myra J. Keeling Registrar.

MAR 16 1942

NOV 13 1962
MAY 26 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

764 115 028-295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **336148**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County KOOTENAI (b) City POST FALLS
(c) Street Address or R.F.D. No. R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay BEFORE delivery:
IN THIS county 5 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County KOOTENAI
(c) City POST FALLS
(d) Street Address or R.F.D. No. R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) POST FALLS IDAHO

5. Date of Birth of Child
(Month, day, year) APRIL 15, 1910

4. FULL NAME OF CHILD

TRUMAN C. POMEROY

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JAMES CAST KENT POMEROY
11. Color WHITE 12. Age at time of THIS birth 50 yrs.
13. Birthplace CRANESVILLE, PENNSYLVANIA
(City or town) (State or foreign country)
14. Exact Occupation Can and bottle washer
15. Industry or Business Creamery

MOTHER OF CHILD

16. FULL MAIDEN NAME ROSA VIOLA KINNEY
17. Color WHITE 18. Age at time of THIS birth 40 yrs.
19. Birthplace TABLE GROVE, ILLINOIS
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 4 P.M. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ROSA POMEROY, who is related to this child as His Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of WASHINGTON } ss.
County of PIERCE

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for Nearly 32 years, and that FLORA HINES, who attended this birth, is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosa C. Pomeroy Signature
2008 E 33rd P. O. Address

Subscribed and sworn to before me this 10 day of Mar, 1942
(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

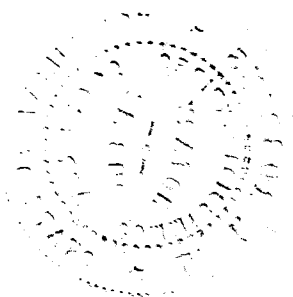
Received for filing on MAR 12 1942 by Mary E. Leifer Registrar.

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



238-109 024 569

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

336170

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Gooding (b) City Gooding
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Gooding
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
3. **RESIDENCE OF FATHER** (city, state) Gooding-Idaho

4. **FULL NAME OF CHILD** Forest Cary Schilling

5. Date of Birth of Child
(Month, day, year) May 9-1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Franklyn Schilling
11. Color White 12. Age at time of THIS birth 41 yrs.
13. Birthplace Winona Minnesota
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Belle Norton
17. Color White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Odebolt Iowa
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Texas } ss.
County of Harris

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 31 years, and that Ired T Cary, M.D. who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora Belle Schilling Signature
615 7th St Ames Tex P. O. Address

Subscribed and sworn to before me this 24 day of February, 1942.
(SEAL) Geo. R. Leavelle, Co. Clerk Notary Public, residing at Ferrell, Texas

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Ed. Treese, Dep.

Received for filing on MAR 5 1942 by Mar 13 1942 Registrar.

MAY 26 1972

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 101, 1937 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or wife, or by affidavits of the father, mother or other of the child, or if neither father or mother of the child is living or accessible, of the nearest kin or guardian, or some person having direct knowledge in the premises.

15. Index of or
Business

22. Name of physician or
other person

23. Number of children
born

See end no. 11

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

254 711-042-269

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **336178**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Blaine
(c) Street Address or R.F.D. No. 185 Ramage
(d) Name of Hospital or Maternity Home:
Private Home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine
(c) City Blaine
(d) Street Address or R.F.D. No. 185 Ramage
(e) How long has MOTHER lived in Idaho? 27 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Blaine Idaho

4. FULL NAME OF CHILD Merrill Alvin Rempton

5. Date of Birth of Child
(Month, day, year) 11 October 1910

6. Sex M 7. Twin or Triplet X If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy 3rd child 9. Legitimate? X

FATHER OF CHILD

10. FULL NAME Nathan O Rempton
11. Color White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Blaine Idaho
(City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Blacksmithing

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Soreless
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Spanishfork Utah
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive on the date Mar 6th 1942 and at the place stated above, and that personal particulars were furnished by My Self + Mr Bro, who is related to this child as Father (First name) (Last name)

25. Attendant's OWN signature Winifred Whitehead M.D. Nurse address 12 F. D. Blaine Date Mar 6th 1942
State of Idaho (Mother, etc.)
County of Blaine ss. Pres. add. 146 Ramage St.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 56 years, and that Mr J. B. Morgan who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nathan O Rempton Signature
602 - 4th West - Blaine Idaho Address

Subscribed and sworn to before me this 7th day of March 1942
(SEAL) W. H. Hall Notary Public, residing at Blaine Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1942 by Maud Beekun Registrar.

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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336197

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Camas (b) City Hill City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Camas
(c) City Hill City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Cecil Walker Howard
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) May 2, 1910

8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Jasper Howard
11. Color White 12. Age at time of THIS birth 48 yrs.
13. Birthplace Jonesville Indiana
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Minnie Bell Harrison
17. Color White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Arkansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature..... M.D. Midwife Address Date

State of Idaho
County of Camas } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for since birth years, and that Mrs. Frank Trader, who attended this birth now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 4th day of March, 19 42
(SEAL) Rosa Holmberg Notary Public, residing at Fairfield, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by Mar 7 1942 Registrar.

Signature
P. O. Address

1942

FEB 6 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

336199

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Idaho Falls,
(c) Street Address or R.F.D. No. 5th St.
(d) Name of Hospital or Maternity Home:
Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county - years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 5th St.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Ida.

4. FULL NAME OF CHILD

Jack Stacy Murdock

6. Sex male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

5. Date of Birth of Child

(Month, day, year) Dec. 14, 1910

FATHER OF CHILD

10. FULL NAME Joseph Stacy Murdock
11. Color White 12. Age at time
or Race White of THIS birth 24 yrs.
13. Birthplace St. Johns, Arizona
(City or town) (State or foreign country)
14. Exact Occupation Cement Contractor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alzina Hill
17. Color White 18. Age at time
or Race White of THIS birth 22 yrs.
19. Birthplace Levensville Idaho
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Eryrol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 4:00 A. M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Alzina Murdock, who is
related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature [Signature] M.D. Midwife Address Idaho Falls, Idaho Date Mar. 4, 1942

State of.....ss.
County of.....

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears
in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that
....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL)

.....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by [Signature], Registrar.

6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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336207

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Butte</u> (b) City <u>Arco</u> (c) Street Address or R.F.D. No. <u>--</u> (d) Name of Hospital or Maternity Home: <u>Born at residence</u> (e) Mother's stay BEFORE delivery: <u>IN THIS county</u> <u>1</u> years <u>0</u> months <u></u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State..... (b) County..... (c) City..... (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?.....yrs.	
4. FULL NAME OF CHILD <u>James Craig Mackie</u>		5. Date of Birth of Child (Month, day, year) <u>March 26,</u>	
6. Sex <u>male</u>	7. Twin or Triplet <u>Triplet</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Alexander Johnston Mackie</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>34</u> yrs. 13. Birthplace <u>Aberdeen Scotland</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Rancher</u> 15. Industry or Business <u>Ranching & Livestock raising</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Louise Jean Bruce</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>33</u> yrs. 19. Birthplace <u>Aberdeen Scotland</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Ranching</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
 (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Nevada
 County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father.....of the person whose name appears in Item 4, above, that I am now 65.....years of age, that I have known this person for 31.....years, and that Dr. J. Stephens....., who attended this birth is now deceased..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

MY COMMISSION EXPIRES

MAY 8, 1944

Subscribed and sworn to before me this 9th day of February, 1942.

(SEAL)

Alexander Mackie.....Signature
P.O. Box 102, Caliente, Nevada.....P. O. Address
Evan H. Edwards.....Notary Public, residing at Caliente, Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by Mary J. Egan, Registrar.

MAR 16 1942,

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

26107-022693

336235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 4 1942

State File No. 336235
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 9 years 2 months days

4. FULL NAME OF CHILD

Dean Wesley Swartz

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

George Nicholas Swartz

11. Color or Race White

12. Age at time of THIS birth 42 yrs

13. Birthplace

Mapello, Iowa

14. Exact Occupation

General Manager

15. Industry or Business

Lumber

22. Name polyplastic used in plastic Orthopaedic Neonatology

23. Number of children of this mother at time of birth and including this child 4 (a) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of California County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 37 years, and that Dr. Harkbarger who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Geo. N. Swartz Signature

2231 Magnolia Ave Long Beach Calif Address

Subscribed and sworn to before me this 2 day of March, 1942

(SEAL)

Notary Public, residing at Long Beach Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by Marj E. Fisher Registrar.

Commission Expires Dec 2, 1944

MAR 17 1942

SEP 17 1974

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 181, 1967 Session Laws, has not been recorded, because of failure to report any birth which has occurred within the time limits prescribed by law, such report may be received and filed by the registrar if presented by the physician or midwife who attended the birth, as provided in Chapter 181, 1967 Session Laws, or by affidavit of the father or mother of the child, or if neither father nor mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

294 208029 595

336275

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. Spottswood St.
(d) Name of Hospital or Maternity Home:
Born at residence
(e) Mother's stay BEFORE delivery:
IN THIS county 14 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. Spottswood
(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow Idaho
5. Date of Birth of Child March 8, 1910
(Month, day, year)

4. FULL NAME OF CHILD

Margaret Alice Kimberling

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Marion Kimberling
11. Color White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Greenburg, Virginia
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Nivens
17. Color White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Stanhope, Massachusetts
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of California ss.
County of Los Angeles

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that Dr. J. N. Clark, who attended this birth, is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Kimberling Signature
8624 - Tenth Ave. Inglewood, P. O. Address

Subscribed and sworn to before me this 11th day of March, 1942.
(SEAL) My Commission Expires Oct. 28, 1943. Notary Public, residing at Los Angeles
(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.) California

Received for filing on MAR 13 1942 by Mary E. Fisher Registrar.

MAR 1 1966

MAR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



493 228 044 493

336283

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County. WASHINGTON (b) City. WEISER
(c) Street Address or R.F.D. No. #129 R.F.D.
(d) Name of Hospital or Maternity Home: WEISER HOSPITAL
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county ONE years ONE months EIGHT days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State. IDAHO (b) County. WASHINGTON
(c) City. WEISER
(d) Street Address or R.F.D. No. #129 R.F.D.
(e) How long has **MOTHER** lived in Idaho? ONE yrs.

3. **RESIDENCE OF FATHER** (city, state) WEISER IDAHO
5. Date of Birth of Child
(Month, day, year) NOV. 28 1910

4. **FULL NAME OF CHILD** GENEVIEVE MILLIRON

6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy NINE 9. Legitimate? YES

FATHER OF CHILD
10. **FULL NAME** FRANCIS CLARK MILLIRON
11. Color or Race. WHITE 12. Age at time of THIS birth. 38 yrs.
13. Birthplace. WABASH INDIANA
(City or town) (State or foreign country)
14. Exact Occupation. DENTIST
15. Industry or Business DENTAL

MOTHER OF CHILD
16. **FULL MAIDEN NAME** DORA ELIZABETH MILLIRON
17. Color or Race. WHITE 18. Age at time of THIS birth. 23 yrs.
19. Birthplace. SAN FRANCISCO CALIFORNIA
(City or town) (State or foreign country)
20. Exact Occupation. HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. NITRATE OF SILVER
23. Number of children of this mother: (a) At time of birth and including this child. ONE (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of.....
County of.....} ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4. above, that I am now 69 years of age, that I have known this person for 31 years, and that D.R. FRANK DUDLEY who attended this birth. CANNOT BE LOCATED I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Francis C. Milliron Signature
1811 PELHAM AVE W. LOS ANGELES CALIF. P. O. Address

Subscribed and sworn to before me this 20 day of Feb, 1942
(SEAL) Leon S. Swer Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by Mary H. Nelson, Registrar.

July 1944
a total of
approximately 100,000
people in the area

11

1704

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-214 016-599

336285

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Burley</u> (c) Street Address or R.F.D. No. <u>3</u> (d) Name of Hospital or Maternity Home: <u>Born at home</u> (e) Mother's stay BEFORE delivery: IN THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Burley</u> (d) Street Address or R.F.D. No. <u>3</u> (e) How long has MOTHER lived in Idaho? <u>22</u> yrs.	
3. RESIDENCE OF FATHER (city, state) <u>Burley, Idaho</u>		5. Date of Birth of Child <u>Feb 14, 1910</u> (Month, day, year)	

4. FULL NAME OF CHILD <u>Evelyn Irma Hale</u>		6. Sex <u>Female</u>	
7. Twin or Triplet		8. No. months of Pregnancy <u>9</u>	
If so—born 1st, 2nd, 3rd		9. Legitimate? <u>Yes</u>	

FATHER OF CHILD 10. FULL NAME <u>Isaac Grant Hale</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>46</u> yrs. 13. Birthplace <u>Booneville, Mo.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Hotel keeper</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Hilda Sophia Erickson</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>31</u> yrs. 19. Birthplace <u>Stockholm Sweden</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
 23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Midwife _____ Address _____ Date _____
 State of Idaho County of Cassia } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for _____ years, and that Gus (Mrs) Shallman who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hilda Sophia Bodenhauer Signature
Hazelton, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of February, 1941
 (SEAL) _____ Notary Public, residing at Burley, Idaho
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

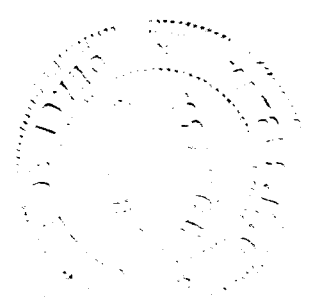
Received for filing on MAR 7 1942 by Mary E. Blum Registrar.

MAR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

964-220-044-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **336314**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Washington</u> (b) City <u>Weiser</u> (c) Street Address or R.F.D. No. <u>1</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: IN THIS county <u>✓</u> years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Weiser</u> (d) Street Address or R.F.D. No. <u>1</u> (e) How long has MOTHER lived in Idaho? <u>✓</u> yrs. _____	
4. FULL NAME OF CHILD <u>A lma Frances Rodabaugh</u>		3. RESIDENCE OF FATHER (city, state) <u>Weiser, Idaho</u> 5. Date of Birth of Child <u>Jan. 20, 1910</u> (Month, day, year)	
6. Sex <u>Female</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>John W. Rodabaugh</u> 11. Color <u>white</u> 12. Age at time of THIS birth <u>32</u> yrs. 13. Birthplace <u>Williamstown Ohio</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Ella Peterson</u> 17. Color <u>white</u> 18. Age at time of THIS birth <u>27</u> yrs. 19. Birthplace <u>Joliet Illinois</u> (City or town) (State or foreign country) 20. Exact Occupation <u>house wife</u> 21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____
State of Idaho County of Washington } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that Dr. Geo. Waterhouse is now deceased who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Peterson Rodabaugh Signature
P. O. Address _____

Subscribed and sworn to before me this 5th day of March, 1942
(SEAL) _____ Notary Public, residing at Weiser, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by Marl Z. Fisher Registrar.

MAR 17 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



719-108-035-312

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

336316

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Reg. Base (b) City Morrowtown
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Willowcreek Place
(e) Mother's stay **BEFORE** delivery:
IN THIS county 9 years 10 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Reg. Base
(c) City Morrowtown
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
3. RESIDENCE OF FATHER (city, state) Morrowtown Idaho

4. FULL NAME OF CHILD Tony Parsley
6. Sex Male **7. Twin or Triplet** None **8. No. months of Pregnancy** 9 **9. Legitimate?** Yes

5. Date of Birth of Child
(Month, day, year) June 8, 1910

FATHER OF CHILD
10. FULL NAME Harvey Preston Parsley
11. Color White **12. Age at time of THIS birth** 35 yrs.
13. Birthplace Van Buren Arkansas
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. FULL MAIDEN NAME Mertie Ann Tabor
17. Color White **18. Age at time of THIS birth** 32 yrs.
19. Birthplace Joplin Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used Boric acid
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's OWN signature **M.D.** **Midwife** **Address** **Date**

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for years, and that Mr. Ed Jobe, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harvey Preston Parsley Signature
Asotin Wash P. O. Address

Subscribed and sworn to before me this 2 day of March, 1942
(SEAL) B. L. Allmon Notary Public, residing at Curston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by Marj F. Lefer Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to the effective date, such report may be received and filed by the local health officer on record in the Bureau of Vital Statistics for the purpose of the record prescribed in Chapter 2, Title 38, Idaho Code Annotated, if the report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, by the nearest of kin or guardian, or some person having direct knowledge of the birth in the premises.

MAR 7 1942 336319

669-203-114-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 340

Local Reg. No. 6

Reg. Dist. No.

1. PLACE OF BIRTH: *now then*

(a) County *Canyon* (b) City *Emmett*
(c) Street Address or R.F.D. No. *West Main*
(d) Name of Hospital of Maternity Home: *Home*

(e) Mother's stay BEFORE delivery:

In Hospital or Maternity Home *Home* Days
In THIS county *Seven* months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State *Idaho* (b) County *Canyon* *now then*
(c) City *Emmett*
(d) Street Address or R.F.D. No. *Seven*
(e) How long has MOTHER lived in Idaho? *Seven* yrs.
(f) Mother's mailing address (For registration notice):
Rt #102 Emmett Idaho
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) *Emmett Idaho*

5. DATE OF BIRTH

(Month, day, year) *Sept 3rd 1910*4. FULL NAME OF CHILD *Lorathy Naomi Froilegas*

6. Sex *Female* 7. Twin or Triplet *-* If so - born 1st, 2nd, 3rd

8. No. months of Pregnancy *9* 9. Legitimate? *yes*

FATHER OF CHILD

10. FULL NAME *William Henry Froilegas*

11. Color or Race *White* 12. Age at time of THIS birth *52* yrs.

13. Birthplace *Memphis MO*
(City or Town) (State or foreign country)

14. Exact Occupation *Furniture Merchant*

15. Industry Business *Managing my furniture store*

MOTHER OF CHILD

16. FULL MAIDEN NAME *Louisa May Thompson*

17. Color or Race *White* 18. Age at time of THIS birth *40* yrs.

19. Birthplace *Memphis Mo*
(City or Town) (State or foreign country)

20. Exact Occupation *House wife*

21. Industry or Business *✓*

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child *5* (b) Born alive and now living *5*
(c) Born alive and now dead *0* (d) Stillborn *0*

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by *Mrs Louisa May Froilegas* who is
(First name) (Last name)

related to this child as *Mother*
(Mother, etc.)

26. (a) *2-19-42* (b) *J. H. Raymond*
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's *R. C. Cunningham* M.D.
OWN signature (D.O., Midwife, etc.)

and address *Emmett* Date *2/24/42*

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate must be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

JUL 10 1952

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

- | | |
|--|---|
| <p>(a) Pregnancy: Complications of</p> <p>.....</p> <p>.....</p> <p>(b) Labor: Complications:</p> <p>.....</p> <p>..... Induced?</p> <p>.....</p> <p>(c) State all operations for delivery</p> <p>.....</p> <p>.....</p> | <p>(d) Did baby have any:</p> <p>(1) Congenital Malformation?</p> <p>Describe:</p> <p>(2) Birth Injury?</p> <p>Describe:</p> <p>(3) Was mother given a Wasserman before delivery?</p> <p>Yes..... No..... Pos..... Neg.....</p> <p>(e) Signature of Physician:</p> <p>.....</p> |
|--|---|

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

312.128 026-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO MAR 13 1942

336324
State File No. _____
Local Reg. No. 75
Reg. Dist. No. 681

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Jefferson (b) City Highly
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home _____
Child was born at parents own home
(e) Mother's stay BEFORE delivery:
IN THIS county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Jefferson
(c) City Highly
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 22 yrs

4. FULL NAME
OF CHILD

Arden Milton Casper

5. Date of Birth of Child
(Month, day, year) May 28, 1940

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Ebenezer Casper
11. Color White 12. Age at time of THIS birth 44 yrs.
or Race _____ of THIS birth _____ yrs.
13. Birthplace Mill Creek Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL NAME Rhoda Ann Williams
17. Color White 18. Age at time of THIS birth 43 yrs.
or Race _____ of THIS birth _____ yrs.
19. Birthplace Mill Creek Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own home

22. Name of physician or other attendant _____
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 1:00 P.M. M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Rhoda A Casper who is related to this child as Mother
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of Idaho } ss.
County of Jefferson

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for over 31 years, and that Nancy Clawson who attended this birth Cannot be located I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rhoda A Casper Signature
P. O. Address

Subscribed and sworn to before me this 7th day of March, 1942

(SEAL)

Ruby Groves

Notary Public, residing at Highly Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 3/9/42 by Mrs A B Coknell, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date~~, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

154105002-293

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 9 1942

336345

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Adams</u> (b) City <u>INDIAN VALLEY</u> (c) Street Address or R.F.D. No. <u>INDIAN VALLEY</u> (d) Name of Hospital or Maternity Home: <u>FAMILY RESIDENCE</u> (e) Mother's stay BEFORE delivery: <u>1</u> years <u>1</u> months <u>1</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>ADAMS</u> (c) City <u>INDIAN VALLEY</u> (d) Street Address or R.F.D. No. <u>INDIAN VALLEY</u> (e) How long has MOTHER lived in Idaho? <u>3</u> yrs.	
4. FULL NAME OF CHILD <u>GEORGE BILLS ANDERSON</u>		5. Date of Birth of Child (Month, day, year) <u>AUG 5 - 1910</u>	
6. Sex <u>MALE</u>	7. Twin or Triplet <u>1</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>YES</u>
FATHER OF CHILD 10. FULL NAME <u>GEORGE W. ANDERSON</u> 11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>49</u> yrs. 13. Birthplace <u>UNKNOWN</u> (City or town) (State or foreign country) 14. Exact Occupation <u>SHEEP MAN</u> 15. Industry or Business <u>RAISING SHEEP</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>EMELINE BILLS</u> 17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth <u>35</u> yrs. 19. Birthplace <u>SOUTH JORDON</u> <u>UTAH</u> (City or town) (State or foreign country) 20. Exact Occupation <u>HOUSEWIFE</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>7</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature **M.D. Midwife** **Address** **Date**

State of Utah } ss.
County of Salt Lake

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 31 years, and that Mrs. Partridge who attended this birth is now deceased; I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emeline Bills Schindler Signature
319 Vincent Court, Salt Lake City P. O. Address

Subscribed and sworn to before me this 6th day of March, 1942.
(SEAL) Wm. A. ... Notary Public, residing at Salt Lake City, Ut.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

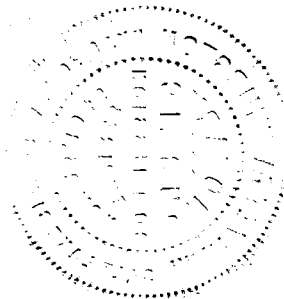
Received for filing on MAR 9 1942 by Marj ... Registrar.

MAR 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received ~~and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



385-226 037818

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **336340**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Hot Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Hot Springs
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 2 yrs.

(e) Mother's stay **BEFORE** delivery:
IN THIS county 22 years 7 months 26 days

4. FULL NAME OF CHILD Esther Agatha Lynch

3. RESIDENCE OF FATHER (city, state) Hot Springs Idaho
5. Date of Birth of Child (Month, day, year) March 26 1910

6. Sex Female **7. Twin or Triplet** if so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9. Legitimate?** yes

FATHER OF CHILD
10. FULL NAME Silas Lynch
11. Color or Race White **12. Age at time of THIS birth 46 yrs.
13. Birthplace Round Rock Texas
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business**

MOTHER OF CHILD
16. FULL MAIDEN NAME Stella Gertrude Hayes
17. Color or Race White **18. Age at time of THIS birth 25 yrs.
19. Birthplace Little Rock Arkansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business**

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature **M.D. Midwife** **Address** **Date**

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

..... being first duly sworn, say that I am the Father of the person whose name appears in above, that I am now 77 years of age, that I have known this person for 31 years, and that Adeline Johnson who attended the birth Cannot be located further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Silas Lynch Signature
..... P. O. Address

Subscribed and sworn to before me this 4 day of March, 1942
(SEAL) John E. Baker Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Calif.

Received for filing on MAR 9 1942 by Harry E. Baker Registrar.

MAR 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

194 126 028 345
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

336372
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. Fort Grounds
(d) Name of Hospital or Maternity Home:
In Barrack on Fort Grounds
(e) Mother's stay BEFORE delivery:
IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. Fort Grounds
(e) How long has MOTHER lived in Idaho? Five yrs.

4. FULL NAME OF CHILD

Carl Eddie Anderson

5. Date of Birth of Child

(Month, day, year) Nov. 26, 1910

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Julius Andrew Anderson
11. Color White 12. Age at time
or Race White of THIS birth 55 yrs.
13. Birthplace Christinham Sweden
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martina Lundell
17. Color White 18. Age at time
or Race White of THIS birth 43 yrs.
19. Birthplace Karlstad Sweden
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife

Address

Date

State of Idaho ss.
County of Kootenai

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 74 years of age, that I have known this person for 31 years, and that
Dr. John Dwyer, who attended this birth, deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Mrs Martina Anderson Signature
834 Sixth Street, Coeur d'Alene P. O. Address

Subscribed and sworn to before me this 10th day of March, 1942.

(SEAL)

M. E. Landrum

Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

MAR 12 1942

by

Mabel E. Leifer

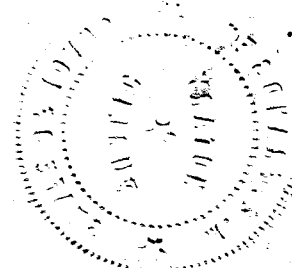
Registrar.

MAR 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, ~~has not been recorded, or in case of~~ failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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331 227 029 168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

336380

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Julietta
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
Born at Home
(e) Mother's stay BEFORE delivery:
IN THIS county 28 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Julietta
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 28 yrs.

4. FULL NAME OF CHILD

Minnie Elizabeth Clark

3. RESIDENCE OF FATHER (city, state)

Julietta, Ida.
5. Date of Birth of Child (Month, day, year) Oct 27, 1910

6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Halter Seymour Clark
11. Color White 12. Age at time of THIS birth 42 yrs.
13. Birthplace Hopkinsville Kentucky
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Lavonia Johnson
17. Color White 18. Age at time of THIS birth 40 yrs.
19. Birthplace Harrison Arkansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum X
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho }
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 32 years, and that Dr. W. A. Born who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Oliver Clark Signature
Julietta, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of March, 19 42.
(SEAL) [Signature]

Notary Public, residing at Genesee, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by Marj T. Keifer Registrar.

MAR 18 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



418-223 001 643

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **336382**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County..... Ada (b) City..... Boise
(c) Street Address or R.F.D. No. State St
(d) Name of Hospital or Maternity Home: Private Residence
(e) Mother's stay BEFORE delivery: 2 years 2 months 4 days
IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State..... Idaho (b) County..... Swain Falls
(c) City..... Swain Falls
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 4 yrs.
3. RESIDENCE OF FATHER (city, state) Swain Falls

4. FULL NAME OF CHILD Florence Minerva Day

5. Date of Birth of Child
(Month, day, year) 2/23/1940

6. Sex Female **7. Twin or** Triplet **If so—born**
1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9. Legitimate?** yes

FATHER OF CHILD

10. FULL NAME John Foster Day
11. Color or Race White **12. Age at time of THIS birth** 36 yrs.
13. Birthplace Wheatland, Penn.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Idell Flora Fuller
17. Color or Race White **18. Age at time of THIS birth** 20 yrs.
19. Birthplace Wheatland, W. Va.
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child..... 1 (b) Born alive and now living..... 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... Alive.....at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature California **M.D.**
State of Los Angeles **Midwife** **Address** **Date**

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... Uncle.....of the person whose name appears in Item 4, above, that I am now..... 60.....years of age, that I have known this person for..... 31.....years, and that..... John R. Numbers....., who attended this birth..... Deceased..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Idell Fuller.....Signature
..... 321 Broadway Ave.....P. O. Address

Subscribed and sworn to before me this..... 11th.....day of..... January....., 1942
(SEAL) Wm. D. Dugley.....Notary Public, residing at..... El Monte Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

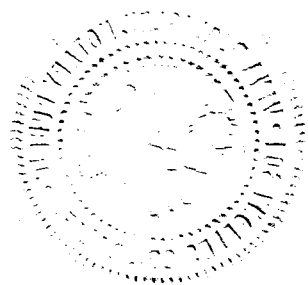
Received for filing on..... JAN 14 1942.....by..... Idell Fuller....., Registrar.

18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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663-225036493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

336387
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County...Oneida..... (b) City...Dayton.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Born at mothers Home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State...Idaho..... (b) County...Oneida.....
(c) City...Dayton.....
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?.....66 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD

Eula May Wolverton

5. Date of Birth of Child

(Month, day, year) 7-25-1910

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME...Henry Wilbert Wolverton
11. Color White 12. Age at time of THIS birth...44 yrs.
13. Birthplace...North Ogden, Utah
(City or town) (State or foreign country)
14. Exact Occupation...Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME...Elizabeth Annie Mickelson
17. Color White 18. Age at time of THIS birth...39 yrs.
19. Birthplace...Bloomington, Idaho
(City or town) (State or foreign country)
20. Exact Occupation...House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child...6 (b) Born alive and now living...6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of...Idaho.....
County of...Franklin.....} ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now...71.....years of age, that I have known this person for...31.....years, and that
.....Sarah phillips....., who attended this birth...Deceased..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Elizabeth Annie Wolverton.....Signature
Dayton, Idaho.....P. O. Address

Subscribed and sworn to before me this...13...day of...March...19...42...

(SEAL)

Ernest K. Johnson

Notary Public, residing at...C. Jifton, Idaho...

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on...MAR 16 1942...by...May 5. 1942...Registrar.

MAR 18 1942

DELAYED REGISTRATION LAW

(1937 Session/Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



292 714-007 849

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **336400**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BLAINE (b) City GANNETT
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BLAINE
(c) City GANNETT
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

4. FULL NAME OF CHILD RICHARD JOSEPH SISIAM

3. RESIDENCE OF FATHER (city, state) GANNETT IDA
5. Date of Birth of Child
(Month, day, year) 2/14/1910

6. Sex MALE **7. Twin or Triplet** **If so—born**
1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9. Legitimate?** YES

FATHER OF CHILD

10. FULL NAME JOSEPH WILLARD SISIAM
11. Color or Race WHITE **12. Age at time of THIS birth** 27 yrs.
13. Birthplace JORDON UTAH
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business AGRICULTURE

MOTHER OF CHILD

16. FULL MAIDEN NAME RUTH HURST
17. Color or Race WHITE **18. Age at time of THIS birth** 20 yrs.
19. Birthplace DUFFER OREGON
(City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE at 1 A.M. on the date 14 of 2 month 1910
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by RUTH SISIAM, who is related to this child as MOTHER
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature **M.D.** **Midwife** **Address** **Date**

State of IDAHO
County of BLAINE } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that DR. O. J. ALLEN, who attended this birth IS NOW DECEASED. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruth Sisiam Signature
Beeler P. O. Address

Subscribed and sworn to before me this 11 day of March, 1942
(SEAL) [Signature] Notary Public, residing at Hailey, ID

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by [Signature], Registrar.

DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
BUREAU OF VITAL STATISTICS

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



215-113 021915

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **336428**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Franklin (b) City Treasureton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Johns Queen Home
(e) Mother's stay BEFORE delivery:
IN THIS county years months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Cleveland
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 55 yrs.

3. RESIDENCE OF FATHER (city, state) Cleveland, Idaho

5. Date of Birth of Child
(Month, day, year) June 13, 1910

4. FULL NAME OF CHILD Noel Sant

6. Sex Male 7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9 mo. 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Preston Sant
11. Color White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Cotton Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Libbie Ransom
17. Color White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Preston Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Deceased Midwife Address Date

State of Idaho County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 31 years, and that

Mrs. Berger who attended this birth is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Libbie Sant Signature
Thatcher Idaho P. O. Address

Subscribed and sworn to before me this 9 day of March, 1942
(SEAL) Wm. H. Maddenhall Notary Public, residing at Thatcher, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1942 by Mar 16 1942 Registrar.

MAR 18 1942

MAY 10 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 16 1942

336467
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

4. FULL NAME OF CHILD Charles L. Roy Johnson

6. Sex male 7. Twin or Triplet if so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Kenney Johnson
11. Color White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Salt Lake Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child
(Month, day, year) Feb. 1, 1910

8. No. months of Pregnancy 9 9. Legitimate?

MOTHER OF CHILD

16. FULL MAIDEN NAME Victoria Kite
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Mitchell Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 11 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Victoria Johnson, who is related to this child as mother (First name) (Last name)
(Mother, etc.)

25. Attendant's deceased M.D. Address Date
OWN signature Midwife

State of California } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Los Angeles }

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that G. C. Paxton M.D. who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 11th day of March, 1942
(SEAL) William L. Jones Notary Public, residing at Santa Monica, Cal.

(Note: Perjury is punishable as in Section 17-914, Idaho Code Annotated.)

Received for filing on March 16 1942 In and For the County of Los Angeles, State of California
My Commission Expires September 6, 1945 by John F. Rogers Registrar.

MAR 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

336480

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Freemont (b) City Rupert
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City Rupert
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

4. **FULL NAME OF CHILD** Ross Connell Mulkins

3. **RESIDENCE OF FATHER** (city, state) Rupert Idaho
5. Date of Birth of Child
(Month, day, year) May, 26, 1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ernest Orville Mulkins
11. Color white 12. Age at time of THIS birth 44 yrs.
13. Birthplace Fairfield Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Connel
17. Color white 18. Age at time of THIS birth 32 yrs.
19. Birthplace Columbis Ohio
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature California M.D. Butte Midwife Address Date

State of California } ss.
County of Butte

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for life years, and that Mrs Bardwell, who attended this birth deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Haywood Signature
1130 Cedar st, Gridley, Calif. P. O. Address

Subscribed and sworn to before me this 6th day of March 19 42
(SEAL) Leonard Chase Notary Public, residing at Gridley, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by Wm J. T. Lefter Registrar.

MAR 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **336508**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Nez Perce</u> (b) City <u>Russell</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years <u>9</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City <u>Russell</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>9</u> yrs.	
4. FULL NAME OF CHILD <u>Elmer Lorane Smith</u>		3. RESIDENCE OF FATHER (city, state) <u>Russell, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>5-11-1910</u>	
6. Sex <u>male</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Ulysses Elmer Smith</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>38</u> yrs. 13. Birthplace <u>New Canton, Illinois</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Lena Leota Triplett</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>32</u> yrs. 19. Birthplace <u>Rockport Illinois</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at M. on the date
 (Born alive, (born)
 and at the place stated above, and that personal particulars were furnished by Lena Leota Triplett, who is related to this child as mother.
 (Mother, etc.) (First name) (Last name)
25. Attendant's OWN signature **M.D. Midwife** **Address** **Date**

State of Montana } ss.
 County of Sandwich

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 31 years, and that Elmer B. Triplett, who attended this birth Living. I further state that (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lena Leota Smith Signature
Dixon Montana P. O. Address

Subscribed and sworn to before me this 11 day of March, 1942
 (SEAL) Aug 19 1943 J. F. Logan Notary Public, residing at Dixon Montana
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1942 by Marj E. E. E. Registrar.

MAR 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
IN THIS county 11 years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state) Post Falls, Idaho

5. Date of Birth of Child
(Month, day, year) 2-4-1910

4. FULL NAME OF CHILD Bale Wesley Watson

6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Alonzo Watson
11. Color White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Mayfield, Kentucky
(City or town) (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business Meat business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosa Lee Myers Watson
17. Color White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Emporia, Kansas
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at four P.M. on the date 20 Mar 12
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Rose Watson, who is related to this child as Mother
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Mrs J H Schlack M.D. Midwife Address Post Falls Date 20 Mar 12

State of..... ss.
County of.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1942 by Wm J. Fisher, Registrar.

MAR 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **336542**
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

336542

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Freemont (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Freemont
(c) City Salmon
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Rulon Edward Larsen

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? X

5. Date of Birth of Child

(Month, day, year) June 10, 1910

FATHER OF CHILD

10. FULL NAME Charles Wilford Larsen
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Hyrum City Utah
(City or town) (State or foreign country)
14. Exact Occupation Building Engineer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marie Jacobson
17. Color White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Grendal Norway
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum:

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

Dr Shoup Now Deceased

M.D.

Midwife

Address

Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 31 years, and that

Dr Shoup (First name) (Last name), who attended this birth 15 now deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marie Jacobson Larsen Signature

2612 Woodlawn Boise P. O. Address

Subscribed and sworn to before me this 13th day of March, 1942

(SEAL)

Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Mar 20 - 19 42 by Marvin E. Fisher Registrar.

MAR 20 1942

JUL 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

851703026-231

336546

336546

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

MAR 17 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Jefferson (b) City Memor
(c) Street Address or R.F.D. No. R 7 D
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county four years 0 months 0 days

4. FULL NAME OF CHILD

RAY LORENZO YEARSLEY

6. Sex

Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

William Louis Yearsley

11. Color or Race

white

12. Age at time
of THIS birth 3 1 yrs.

13. Birthplace

Idaho
(City or town)

Idaho
(State or foreign country)

14. Exact Occupation

farmer

15. Industry or Business

✓

MOTHER OF CHILD

16. FULL MAIDEN NAME

Oliver Sabsha Blaisell

17. Color or Race

white

18. Age at time
of THIS birth 32 yrs.

19. Birthplace

Idaho
(City or town)

Idaho
(State or foreign country)

20. Exact Occupation

housewife

21. Industry or Business

✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4..... (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of California.....ss.
County of Los Angeles.....

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister.....of the person whose name appears
in Item 4, above, that I am now 38.....years of age, that I have known this person for 32.....years, and that

Idaho.....Milton....., who attended this birth.....deceased.....I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Leona Yearsley Welker.....Signature
5536 Ralston Cntrn Calif.....P. O. Address

Subscribed and sworn to before me this 17 day of March, 1942

(SEAL)

Notary Public, residing at Lynwood Calif

(Note: Perjury is punishable as a felony in Idaho, see Sect 17-914, Idaho Code Annotated.)

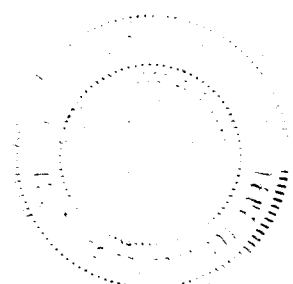
Received for filing on MAR 17 1942.....by Maud Fielder.....Registrar.

MAR 18 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



466-121-5
844-249 MAR 19 1942

336567

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **336567**
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Cambridge.....
(c) Street Address or R.F.D. No. 1.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington.....
(c) City Cambridge.....
(d) Street Address or R.F.D. No. 1.....
(e) How long has **MOTHER** lived in Idaho? 3.....yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Blaine Moore

5. Date of Birth of Child
(Month, day, year) Sept. 21, 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jesse Grant Moore
11. Color White 12. Age at time of THIS birth 38.....yrs.
13. Birthplace Lancaster, Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mattie Caroline Smith
17. Color White 18. Age at time of THIS birth 24.....yrs.
19. Birthplace Athens, Oregon
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2..... (b) Born alive and now living 2.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 7:30 P. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature Melissa E. Glasscock M.D. Midwife Address Cambridge, Idaho Date Mar 17, 1942

State of..... } ss.
County of..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....
(SEAL) Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by Mary E. Eder, Registrar.

APR 6 1959

MAR 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **336578**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Glenns Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Glenns Ferry
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Glenns Ferry Idaho

4. FULL NAME OF CHILD Arthur Wilson Watkins

5. Date of Birth of Child (Month, day, year) Sept. 24-1910

6. Sex male **7. Twin or Triplet** No **8. No. months of Pregnancy** 9 **9. Legitimate?** Yes

FATHER OF CHILD
10. FULL NAME James Watkins
11. Color or Race White **12. Age at time of THIS birth** 38 yrs.
13. Birthplace Coffeyville Kansas (city or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Minnie Oliver
17. Color or Race White **18. Age at time of THIS birth** 32 yrs.
19. Birthplace Glenns Ferry Idaho (city or town) (State or foreign country)
20. Exact Occupation Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Dr. G. L. Watkins **M.D.** **Midwife** **Address** **Date**

State of Idaho } ss.
County of Elmore

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 32 years, and that Dr. G. L. Watkins, who attended this birth now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Elizabeth Watkins Collins Signature
1207-93 Ave. South P. O. Address

Subscribed and sworn to before me this 13th day of March, 1942
(SEAL) Charles V. Piene Notary Public, residing at Hampan Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1942 by Mary E. Elden, Registrar.

APR 12 1962

MAR 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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336582

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

MAR 17 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Middleton</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: <u>6</u> years <u>6</u> months <u>6</u> days IN THIS county		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Middleton</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>6</u> yrs. 3. RESIDENCE OF FATHER (city, state) <u>Middleton, Ida</u> 5. Date of Birth of Child (Month, day, year) <u>Jan. 14, 1910</u> 6. Sex <u>female</u> 7. Twin or Triplet <u>Triplet</u> If so—born 1st, 2nd, 3rd <u>1st</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
4. FULL NAME OF CHILD <u>Oneta Bell Sullivan</u> FATHER OF CHILD 10. FULL NAME <u>Alfred Dorr Sullivan</u> 11. Color <u>White</u> 12. Age at time of THIS birth <u>32</u> yrs. 13. Birthplace <u>Wheeler</u> <u>Indians</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farming</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Eva Bell (Talbot) Sullivan</u> 17. Color <u>White</u> 18. Age at time of THIS birth <u>33</u> yrs. 19. Birthplace <u>Neeper</u> <u>Mo.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>house wife</u> 21. Industry or Business <u>house wife</u> 22. Name prophylactic used to prevent Ophthalmia Neonatorum. 23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>3</u>	

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 12:30 P. M. on the date Jan. 14, 1942 (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Eva Sullivan, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Eva Sullivan M.D. Midwife Address Date
State of Idaho County of Canyon ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above; that I am now 64 years of age, that I have known this person for 32 years, and that Mrs. Hill who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 19 day of March 1942
(SEAL) Charles H. Ricketts Notary Public, residing at Parma, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

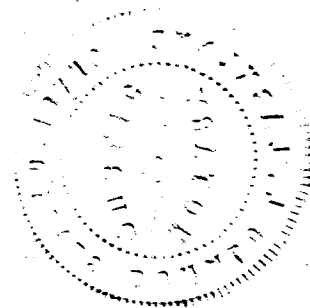
Received for filing on March 17 by Mabel Becker Registrar.

MAR 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



239-211-028-794

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

336638
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>KOOTENAI</u> (b) City <u>LANE</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>5</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>KOOTENAI</u> (c) City <u>LANE</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>10</u> yrs.	
4. FULL NAME OF CHILD <u>GLADYS ELIZABETH STROBEL</u>		3. RESIDENCE OF FATHER (city, state) <u>LANE, IDAHO</u> 5. Date of Birth of Child (Month, day, year) <u>JULY, 11, 1910</u>	
6. Sex <u>female</u>		7. Twin or Triplet <u>Triplet</u> If so—born <u>1st, 2nd, 3rd</u>	
8. No. months of Pregnancy <u>9</u>		9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>JOHN GEORGE STROBEL</u> 11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>49</u> yrs. 13. Birthplace <u>ELKADER, IOWA, USA</u> (City or town) (State or foreign country) 14. Exact Occupation <u>FARMING</u> 15. Industry or Business <u>ASSAYER</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>EMMA CELESTIA GRUBER</u> 17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth <u>38</u> yrs. 19. Birthplace <u>WILLOW WOOD, OHIO, USA</u> (City or town) (State or foreign country) 20. Exact Occupation <u>HOMEMAKER</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is
 related to this child as.....
 (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature.....M.D. Midwife Address.....Date.....

State of CALIFORNIA } ss.
 County of SONOMA }
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

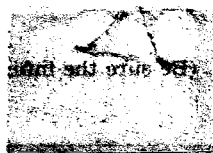
I, the undersigned, being first duly sworn, say that I am the.....**MOTHER**.....of the person whose name appears
 in Item 4, above, that I am now.....70.....years of age, that I have known this person for.....31 1/2.....years, and that
MRS. HOAGLAND, midwife....., who attended this birth.....**CANNOT BE LOCATED**..... I further state that
 (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
 Chapter 139, 1937 Session Laws.

Emma Celestia Strobel Signature
815 Fifth St., Petaluma, California Address

Subscribed and sworn to before me this 12th day of March, 1942.
 (SEAL) Jessie M. Hopkins Notary Public, residing at Petaluma, California
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1942 by Mary E. Egan Registrar.

1842



DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



312119 035-356

336641

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Asperre (b) City Lewiston
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
St. Joseph Hospital
(e) Mother's stay BEFORE delivery:
IN THIS county years 0 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County.....
(c) City Lewiston
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 10 Mo. yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston, Idaho.

4. FULL NAME OF CHILD

John Joseph Caswell

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes.

5. Date of Birth of Child
(Month, day, year) January 19, 1910

FATHER OF CHILD

10. FULL NAME Judd Jackson Caswell
11. Color White 12. Age at time
or Race White of THIS birth 32 yrs.
13. Birthplace Coon Rapids, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Printer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Agnes Lefever
17. Color White 18. Age at time
or Race White of THIS birth 27 yrs.
19. Birthplace Canton, Montana
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Washington } ss.
County of Whatcom

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that

Dr. Nurse who attended this birth deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Effie M. Caswell Signature

P. O. Address

Subscribed and sworn to before me this 9 day of Mar, 19 42
(SEAL) Blaine James Notary Public, residing at Bellingham

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

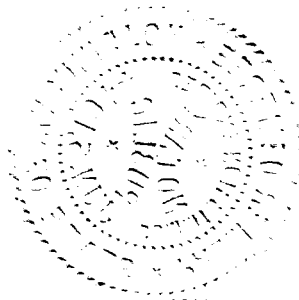
Received for filing on MAR 12 1942 by Mar 12 1942 Registrar.

1012
AUG 3 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



717126 035 264

336650

United States (Be sure the information is as of date of birth of THIS child) State File No.
 Department of Commerce CERTIFICATE OF BIRTH MAR 13 1942 Local Reg. No.
 Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Big Pine (b) City Lapwai
 (c) Street Address or R.F.D. No. NONE
 (d) Name of Hospital or Maternity Home: AT HOME
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home. days.
 IN THIS county 12 years 2 month 6 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State. (b) County.
 (c) City.
 (d) Street Address or R.F.D. No.
 (e) How long has MOTHER lived in Idaho? yrs.
 (f) Mother's mailing address.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD OBIE GAIL PAPINEAU 5. Date of Birth (Month, day year) 4/26/10
 6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD MOTHER OF CHILD
 10. FULL NAME WM GLACE PAPINEAU 16. FULL MAIDEN NAME GRACE BOUNDS
 11. Color or Race WHITE 17. Color or Race WHITE
 12. Age at time of THIS birth 26 yrs. 18. Age at time of THIS birth 26 yrs.
 13. Birthplace SHERIDAN WYOMING (City or town) (State or foreign country)
 14. Exact Occupation CARPENTER
 15. Industry or Business CONTRACTOR
 20. Exact Occupation HOUSEWIFE
 21. Industry or Business II

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN
 23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
 (c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE at LAPWAI M. on the date (born alive stillborn)
 and at the place stated above, and that personal particulars were furnished by Grace Papineau who is related to this child as Mother (First name) (Last name)

26. (a) (Date received) March 11, 1942 (b) Registrar's signature [Signature]
 25. Attendant's OWN signature [Signature] M.D. (D.O., Midwife, etc.)
 27. Given name added on by and address Date

State of California } ss.
 County of Los Angeles }

I, Grace Papineau, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Obie Gail Papineau as mother (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Roberts, who attended said birth deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 6th day of March, 1942
Lawrence E. Nixon Signature
 Notary Public, residing at 42-53 Parra Avenue Los Angeles Address

(SEAL)

MAH 2 0 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

215 105042, 962

33666

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____
Local Reg. No. 336665
Reg. Dist. No. _____

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 18 1942

1. PLACE OF BIRTH

(a) County Twin Falls (b) City Hansen
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county 7 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Twin Falls
(c) City Hansen
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 40 yrs.
(f) Mother's mailing address Gooding, Idaho

3. RESIDENCE of FATHER (city, state)

5. Date of Birth

(Month, day year) June 5, 1910

4. FULL NAME OF CHILD

James Oscar Kaneaster Jr.

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

James Oscar Kaneaster

11. Color

or Race White

12. Age at time

of THIS birth 34 yrs.

13. Birthplace

Ringoald

Gorgia

(City or town)

(State or foreign country)

14. Exact

Occupation

Carpenter

15. Industry or

Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Emma Edna Roberts

17. Color

or Race White

18. Age at time

of THIS birth 33 yrs.

19. Birthplace

Soddy,

Tenn.

(City or town)

(State or foreign country)

20. Exact

Occupation

Housewife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) _____
(Date received)

(Mother, etc.)

(Registrar's signature)

25. Attendant's

OWN signature

M.D.

(D.O., Midwife, etc.)

27. Given name added on _____ by _____
(Registrar's signature)

and address

Date

State of Idaho

County of Gooding

ss.

I, Emma Edna Roberts Kaneaster

James Oscar Kaneaster Jr.

as

mother

(Name of person on certificate above)

(State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. T. O. Boyde, who attended

said birth deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Emma E Kaneaster

Signature

P. O. Address

Subscribed and sworn to before me on this 14th day of March, 1942

(SEAL)

Notary Public, residing at Gooding, Idaho

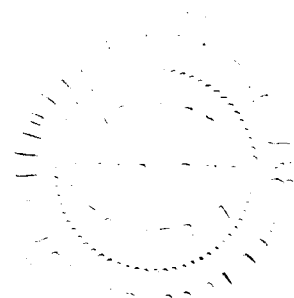
Clerk District Court

MAR 20 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



336676

169-119 006-595
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bingham (b) City Fruitland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Bingham
(c) City Fruitland
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 1/2 yrs.
3. RESIDENCE OF FATHER (city, state)

**4. FULL NAME
OF CHILD**

Eugene M. Jorgensen

5. Date of Birth of Child

(Month, day, year) Dec. 19-1910

6. Sex

Male

**7. Twin or
Triplet**

If so—born
1st, 2nd, 3rd

**8. No. months
of Pregnancy**

9

9. Legitimate? yes

FATHER OF CHILD

**10. FULL
NAME**

John Peter Jorgensen

**11. Color
or Race**

White

**12. Age at time
of THIS birth**

25 yrs.

13. Birthplace

Richfield Utah

**14. Exact
Occupation**

Farmer

**15. Industry or
Business**

Farmer

MOTHER OF CHILD

**16. FULL MAIDEN
NAME**

Rosa Emmalinda Nielsen

**17. Color
or Race**

White

**18. Age at time
of THIS birth**

25 yrs.

19. Birthplace

Arden Idaho

**20. Exact
Occupation**

House wife

**21. Industry or
Business**

House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3..... (b) Born alive and now living 2.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Bingham

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother.....of the person whose name appears
in Item 4, above, that I am now 5 1/2 years of age, that I have known this person for 3 1/2 years, and that
Mrs. Bataway....., who attended this birth deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Rosa Taylor

Signature

P. O. Address

Subscribed and sworn to before me this 14th day of March, 1917

(SEAL)

Geo. W. Sushwa

Notary Public, residing at First Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Marl T. Lefter Registrar.

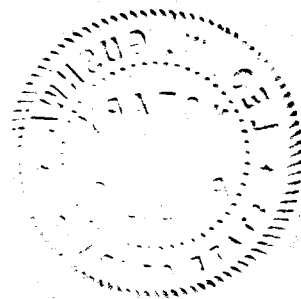
JAN 27 1943

MAR 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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315-108 034 893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336687

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County MINIDOKA (b) City KIMBERLY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
BORN AT HOME
(e) Mother's stay BEFORE delivery:
IN THIS county 5 years 6 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County MINIDOKA
(c) City KIMBERLY
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.
3. RESIDENCE OF FATHER (city, state) TEXAS

4. FULL NAME OF CHILD WALTER WESTON LAND

5. Date of Birth of Child
(Month, day, year) 3-8-1910

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME SAMUEL LESLIE LAND
11. Color WHITE 12. Age at time of THIS birth 52 yrs.
13. Birthplace TEXAS
(City or town) (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business FARMING

MOTHER OF CHILD

16. FULL MAIDEN NAME ANNA LOUISE HILDBETH
17. Color WHITE 18. Age at time of THIS birth 42 yrs.
19. Birthplace UKIAH CALIFORNIA
(City or town) (State or foreign country)
20. Exact Occupation HOUSE KEEPER
21. Industry or Business SELF

22. Name prophylactic used to prevent Ophthalmia Neonatorum NO IDEA
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of CALIFORNIA
County of SACRAMENTO } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 32 years, and that UNKNOWN - WYATT who attended this birth CANNOT BE LOCATED I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires February 20, 1943

X Anna Loring McCall Signature
1111 1008 1/2 7th St Sacramento Calif Address

Subscribed and sworn to before me this 11th day of March, 1942

(SEAL) William D. Millone Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Notary Public in and for the _____

Received for filing on MAR 17 1942 by Mail 744 Registrar.

MAR 20

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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663-115029-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

336688

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH, (b) City MOSCOW,
(c) Street Address or R.F.D. No. 2,
(d) Name of Hospital or Maternity Home: AT HOME OF HER MOTHER, CORNWALL, IDAHO,
(e) Mother's stay BEFORE delivery:
IN THIS county 20 years 1 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO, (b) County LATAH,
(c) City MOSCOW,
(d) Street Address or R.F.D. No. 2,
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) MOSCOW, IDAHO.
5. Date of Birth of Child
(Month, day, year) JULY - 15 - 1910

4. FULL NAME OF CHILD THEODORE EDWARD WOLFENBERGER

6. Sex MALE 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD
10. FULL NAME PETER LAY WOLFENBERGER
11. Color WHITE 12. Age at time of THIS birth 25 yrs.
13. Birthplace MOSCOW, IDAHO
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME MAY BLALOCK
17. Color WHITE 18. Age at time of THIS birth 20 yrs.
19. Birthplace MOSCOW, IDAHO
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child NONE (b) Born alive and now living TWO

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
State of Washington County of SpoKane } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the grand mother of the person whose name appears in Item 4 above, that I am now 74 years of age, that I have known this person for 34 yrs. 7 mos. 28 days years, and that Dr. Charles L. Graham, who attended this birth is now deceased I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nanena Blalock Signature
1624 N. Cleveland Spokane W. Id. P. O. Address
Subscribed and sworn to before me this 13 day of March, 1942
(SEAL) Notary Public, residing at SpoKane, W. Id.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1942 by John E. Lifer Registrar.

MAR 20 1942

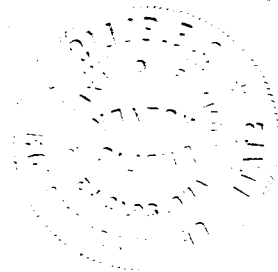
MAY 24 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DECEASED



219 718 021 249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **336689**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No. 40 So. 3rd East
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery:
IN THIS county 21 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No. 40 So. 3rd East
(e) How long has MOTHER lived in Idaho? 54 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Gleam Smith Barton

6. Sex male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

10. FULL NAME

Walter K. Barton

11. Color White 12. Age at time
or Race White of THIS birth 23 yrs.
13. Birthplace Stirling Utah
(City or town) (State or foreign country)
14. Exact Occupation school teacher & business man
15. Industry or Business now deceased

MOTHER OF CHILD

16. FULL MAIDEN NAME

Jeannette Maria Smith

17. Color White 18. Age at time
or Race White of THIS birth 22 yrs.
19. Birthplace Brigham Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho }
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that
Walter K. Barton Sr. who attended this birth is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 12 day of March, 19 42

(SEAL)

Notary Public, residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

MAR 17 1942

by Harry Beeler, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

258-214 009-562

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

336695
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bonner</u> (b) City <u>Bonner's Ferry</u> (c) Street Address or R.F.D. No. <u>P.O. Box 28</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>3</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bonner</u> (c) City <u>Bonner's Ferry</u> (d) Street Address or R.F.D. No. <u>P.O. Box 28</u> (e) How long has MOTHER lived in Idaho? <u>3</u> yrs	
4. FULL NAME OF CHILD <u>Gertrude Behr</u>		5. Date of Birth of Child (Month, day, year) <u>May 14 - 1910</u>	
6. Sex <u>Female</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Theodor Heinrich Behr</u>		16. FULL MAIDEN NAME <u>Helene Marie Voss</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>40</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>31</u> yrs.
13. Birthplace <u>Dornitz Germany</u> (City or town) (State or foreign country)		19. Birthplace <u>Dornitz Germany</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Lawyer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Saw Mill</u>		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none used</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Midwife** **Address** **Date**

State of Washington **AFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Chelan **ss.**

I, the undersigned, being first duly sworn, say that I am the older Sister of the person whose name appears in Item 4 above, that I am now 43 years of age, that I have known this person for 32 years, and that Thelma Engst who attended this birth Father (now deceased) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 12 day of March, 1942
(SEAL) Vista Wade Notary Public, residing at Wenatchee Wis
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)
Signature Thelma Engst
Address 151 So Franklin - Wenatchee - WA

Received for filing on MAR 18 1942 by Vista Wade Registrar.

MAR 20 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

964 730 029 964

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **336707**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Latah** (b) City **Kendrick**
(c) Street Address or R.F.D. No. **Main Street**
(d) Name of Hospital or Maternity Home: **at our home**
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Latah**
(c) City **Kendrick**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? **20** yrs.

3. RESIDENCE OF FATHER (city, state) **Same**

4. FULL NAME OF CHILD **Herbert Clinton Rodgers**

5. Date of Birth of Child
(Month, day, year) **Sept 30, 1910**

6. Sex **Boy** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME **James Clinton Rodgers**
11. Color or Race **White** **12. Age at time of THIS birth** **29** yrs.
13. Birthplace **Greensburg, Ill.**
(City or town) (State or foreign country)
14. Exact Occupation **Carpenter**
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME **Meta C. Rodgers**
17. Color or Race **White** **18. Age at time of THIS birth** **29** yrs.
19. Birthplace **Lynn, Kansas**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **Boric Acid Solution**
23. Number of children of this mother: (a) At time of birth and including this child **two** (b) Born alive and now living **two**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**
Midwife

State of **California** } ss.
County of **Alameda**

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4 above, that I am now **60** years of age, that I have known this person for **31** years, and that **R. A. Rothwell** who attended this birth **deceased** I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this **16th** day of **March**, 19**11**
(SEAL) **Elam M. Yeaman** Notary Public, residing at **Berkeley Calif**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **MAR 18 1942** by **Mary E. Fisher** Registrar.

APR 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

391-207 029-296

336730

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Moscow
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Home out side City
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine
(c) City Moscow
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Margaret Virginia Craig

5. Date of Birth of Child

(Month, day, year) #6-7-1910

6. Sex

Female

7. Twin or

Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Wallace Marion Craig

11. Color or Race

White

12. Age at time of THIS birth 25 yrs.

13. Birthplace

Bozeman
(City or town)

Montana
(State or foreign country)

14. Exact Occupation

Shirt-collared worker

15. Industry or Business

Lumber

MOTHER OF CHILD

16. FULL MAIDEN NAME

Myrtle Denise Brown

17. Color or Race

White

18. Age at time of THIS birth 22 yrs.

19. Birthplace

Idaho
(City or town)

Bozeman
(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of.....
County of.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that....., who attended this birth.....I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this.....day of.....1942

(SEAL)

Notary Public Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....

FEB 28 1942

by.....

Marj T. Kiefer

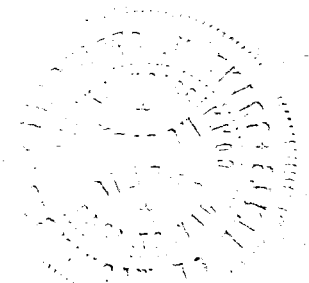
Registrar.

MAR 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

685-108 026-314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336739

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rigby #2
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Over Home
(e) Mother's stay BEFORE delivery:
IN THIS county years months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Now
(c) City Rigby #2 Bonanza
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 54 yrs.

4. FULL NAME OF CHILD Fred Blue Wheeler
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) Rigby #2 Idaho
5. Date of Birth of Child (Month, day, year) June 8d. 1910
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Fred Arnold Wheeler
11. Color white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Bozeler Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. FULL MAIDEN NAME Jean May Cameron
17. Color white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Shaw Paplar - Idaho
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at P M. on the date 3-9-42
(Born alive, stillborn)
and at the place stated above and that personal particulars were furnished by Jean May Cameron who is related to this child as Mother
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Jean May Cameron M.D. Wheeler Address Rigby #2 Date 3-9-42
Midwife

State of Idaho ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 54 years of age, that I have known this person for 32 years, and that Dr. Fuller (deceased) who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jean May Cameron Wheeler Signature
P. O. Address

Subscribed and sworn to before me this 9 day of March, 19 42
(SEAL) Carroll G. Mellett Notary Public, residing at Kirie Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by Marj Wheeler Registrar.

MAR 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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336751

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County BANNOCK (b) City CHESTERFIELD
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
None
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County BANNOCK
(c) City Chesterfield
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, State) Chesterfield, Idaho

5. Date of Birth of Child
(Month, day, year) JUNE 29, 1910

4. FULL NAME OF CHILD Jesse Odell Gooch

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Orson Gooch Jr.
11. Color White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Richmond, Utah
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MATILDA Corline Folkman
17. Color White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Gentle Valley, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date
Midwife: Mrs. Astor

State of Idaho County of Cassia ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 31+ years, and that Mrs. Astor (First name) (Last name), who attended this birth.....is dead.....I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Matilda Corline Folkman Gooch Signature
Boise, Idaho P. O. Address

Subscribed and sworn to before me this 14 day of March, 1942
(SEAL) Henry H. Fisher Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 18 1942 by Maude E. Fisher Registrar.

MAR 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

243 108 008-349
MAR 20 1942

336774
336774

United States
Department of Commerce
Bureau of the Census

Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Boise (b) City Roseberry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay Stayed at BEFORE delivery
IN THIS county 7 years 1 months 0 days
4. **FULL NAME OF CHILD** Arthur Ray Sult
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Roseberry
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 70 yrs.
3. **RESIDENCE OF FATHER** (city, state) Roseberry, Idaho
5. Date of Birth of Child (Month, day, year) 6/8/1910
8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Laurance Ray Sult
11. Color White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Grand City, Kansas
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Ethel Sult
17. Color White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Marion, Idaho
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)
25. Attendant's OWN signature..... M.D. Midwife Address..... Date.....

State of..... ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of.....

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that.....
(First name) (Last name) (Is now deceased) ~~and cannot be located~~
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laurance Ray Sult Signature
..... P. O. Address
Subscribed and sworn to before me this..... day of....., 1942
(SEAL) Marion E. Sult Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

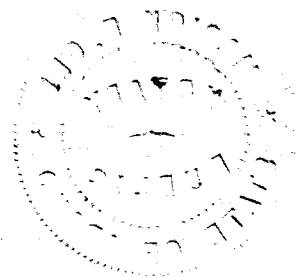
Received for filing on..... by..... Registrar.
MAR 20 1942

MAR 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

238 718 016 255

336779

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **336779**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **CASSIA** (b) City **ALBION**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county **1** years **4** months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **IDAHO** (b) County **CASSIA**
(c) City **ALBION**
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? **TWO** yrs.

4. **FULL NAME OF CHILD** **JOHN HENRY CASPER SCHMIDT**

5. Date of Birth of Child
(Month, day, year) **APRIL 18 1912**

6. Sex **MALE** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **NINE** 9. Legitimate? **YES**

FATHER OF CHILD

10. **FULL NAME** **Edward Henry Schmidt**
11. Color or Race **WHITE** 12. Age at time of THIS birth **43** yrs.
13. Birthplace **SPRING LOUFE, FRANKLIN, GA. MO.**
(City or town) (State or foreign country)
14. Exact Occupation **FARMER**
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** **Effie Binner**
17. Color or Race **WHITE** 18. Age at time of THIS birth **31** yrs.
19. Birthplace **CAHILL, CRAWFORD, CO. MO.**
(City or town) (State or foreign country)
20. Exact Occupation **HOUSE WIFE**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child **6** (b) Born alive and now living **4**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **Born alive** at **4** P.M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by **Effie Schmidt** who is
related to this child as **Mother** (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of **Idaho** } ss.
County of **SR**

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4, above, that I am now **62** years of age, that I have known this person for **31** years, and that **Mrs. Alcester M. Early** who attended this birth **who is deceased** I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this **17** day of **March**, 19**12**
(SEAL) **Effie Schmidt** Signature
R. B. B. Mount Vernon O. Address
Notary Public, residing at **Mount Vernon**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **MAR 20 1942** by **Mary Elder** Registrar.

MAR 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

289-118026-456

336820

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Jefferson</u> (b) City <u>Rigby</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: IN THIS county / years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Jefferson</u> (c) City <u>Rigby</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs.	
4. FULL NAME OF CHILD <u>John Clifford Bertram</u>		5. Date of Birth of Child (Month, day, year) <u>June 18, 1910</u>	
6. Sex <u>male</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>John Burgess Bertram</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>27</u> yrs. 13. Birthplace <u>Bristol, Illinois</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Agriculture</u> 15. Industry or Business <u>farming</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Margaret Meunharter</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>34</u> yrs. 19. Birthplace <u>Bristol, Illinois</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child. <u>1</u> (b) Born alive and now living. <u>6</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature Ellen J. Kendall **M.D.** **Midwife** **Address** **Date**
 State of Idaho County of Kendall } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 31 3/4 years, and that Dr. Paxton, who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Bertram Signature
Bristol, Illinois P. O. Address

Subscribed and sworn to before me this 9th day of March, 1942
 (SEAL) I, George Meunharter, a Notary Public, residing at Yorkville, Ill.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.) George Meunharter

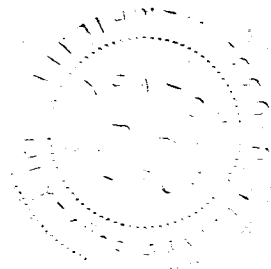
Received for filing on MAR 11 1942 by Marj E. Edwards Registrar.

MAR 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



415 122 037-154

336832

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Cuyahoga</u> (b) City <u>Bayesian</u> (c) Street Address or R.F.D. No. <u>mail route</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: IN THIS county <u>yes</u> years <u>2</u> months <u>1</u> days <u>6</u>		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cuyahoga</u> (c) City _____ (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>3</u> yrs. 3. RESIDENCE OF FATHER (city, state) <u>3400 Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>April 22/1910</u> 6. Sex <u>male</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____ 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
4. FULL NAME OF CHILD <u>Gordon Daniel Davidson</u> 6. Sex <u>male</u>		FATHER OF CHILD 10. FULL NAME <u>Samuel Davidson</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>39</u> yrs. 13. Birthplace <u>Walla Walla Wash.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____	
MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Ethel Theora Anderson</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>30</u> yrs. 19. Birthplace <u>Manchester Iowa</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business _____			

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
 23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at morning April 22/1910 M. on the date (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Ethel Borsum, who is related to this child as mother (First name) (Last name)
 (Mother, etc.)

25. Attendant's **OWN signature** _____ **M.D.** _____ **Address** _____ **Date** _____
 (Is now deceased) or (Cannot be located)

State of Washington _____ **SS.** **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 Country of Columbia _____

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 6.2 years of age, that I have known this person for 3.2 years, and that Samuel Davidson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 9th day of March, 1910
Blanche Whipple Notary Public, residing at Dayton Wash.
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1942 by Mary J. Loper Registrar.

MAR 23 1942

SEP 20 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



363106025-449

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **336856**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Stites
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
- (e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years 1 months 16 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Stites
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
3. **RESIDENCE OF FATHER** (city, state) Stites Idaho

4. **FULL NAME OF CHILD** Virgil Alfred Cochran
5. Date of Birth of Child
(Month, day, year) Sept 6 1910
6. Sex Male 7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st 8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Albert N. Cochran
11. Color White 12. Age at time of THIS birth 28 yrs.
or Race
13. Birthplace Walla Walla Wash
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Hattie Murphy
17. Color white 18. Age at time of THIS birth 23 yrs.
or Race
19. Birthplace Eureka Springs Arkansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
- and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date
- State of Washington } ss.
County of Lewis }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

- I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 31 years, and that Dr. Snyder who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
- the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert N Cochran Signature
R#2 Box 87 Centralia, Wash. P. O. Address

Subscribed and sworn to before me this 5 day of March, 19 42
(SEAL) [Signature] Notary Public, residing at Centralia Wash
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by [Signature] Registrar.

MAR 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133125 025657

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

336866

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Kootenai</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>born at home</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Lewis</u> (c) City <u>Kamiah</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>40</u> yrs.	
4. FULL NAME OF CHILD <u>Edward William Altmiller</u>		5. Date of Birth of Child (Month, day, year) <u>OCT. 25 1910</u>	
6. Sex <u>Male</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet <u>None</u>		9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Frank Salfarius Altmiller</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>42</u> yrs. 13. Birthplace <u>Austria Hungary</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Alwina Regina Wegner</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>35</u> yrs. 19. Birthplace <u>Stclair Michigan</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House Wife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>12</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
 (First name) (Last name)
 (Mother, etc.)

25. Attendant's OWN signature.....**M.D.**.....**Address**.....**Date**.....
 Midwife

State of Idaho } ss.
 County of Blaine

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 31 years, and that Mrs Frank Lath who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alwina Regina McMillin Signature
Kamiah Idaho P. O. Address

Subscribed and sworn to before me this 16 day of March, 1942
 (SEAL) J. B. Hild Notary Public, residing at Kamiah Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

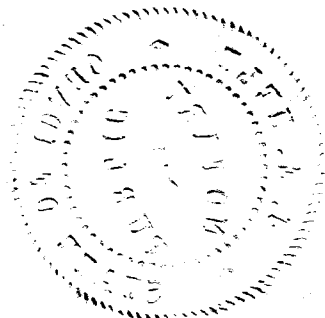
Received for filing on MAR 17 1942 by Mary E. Fisher, Registrar.

MAR 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

619 107 016-439

336970

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **336970**
Local Reg. No.
Reg. Dist. No.

MAR 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth) **RFD Oakley** **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) County **Cassia** (b) City **Basin**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days
3. **RESIDENCE OF FATHER** (city, state) **Basin, Idaho**
5. Date of Birth of Child
(Month, day, year) **July 7, 1910**

4. **FULL NAME OF CHILD** **Elden Fairchild**
7. Twin or Triplet **Twin** If so—born 1st, 2nd, 3rd **First**
8. No. months of Pregnancy **REG.** 9. Legitimate? **Yes**

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|--|--|--|
| 10. FULL NAME John Harvey Fairchild | 16. FULL MAIDEN NAME Louisiana McIntosh | | |
| 11. Color White | 17. Color White | 12. Age at time of THIS birth 43 yrs. | 18. Age at time of THIS birth 39 yrs. |
| 13. Birthplace Grantsville, Utah
(City or town) (State or foreign country) | 19. Birthplace Grantsville, Utah
(City or town) (State or foreign country) | | |
| 14. Exact Occupation Farmer | 20. Exact Occupation Housewife | | |
| 15. Industry or Business | 21. Industry or Business | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum:
23. Number of children of this mother: (a) At time of birth and including this child **10** (b) Born alive and now living **6**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of **Idaho** County of **Cassia** } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4, above, that I am now **70** years of age, that I have known this person for **31** years, and that Dr. **E. P. Oldham** who attended this birth **is now deceased** I further state that (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louisiana McIntosh Fairchild Signature
Oakley, Idaho P. O. Address

Subscribed and sworn to before me this **18** day of **February**, 19 **42**
(SEAL) **Denny W. Fisher** Notary Public, residing at **Burley, Ida**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **MAR 23 1942** by **Maryl E. Elder**, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

MAR 23 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

336971
336971
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) RFD. Oakley
(a) County Cassia (b) City Basin
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Basin (via) Oakley
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 60 yrs.
3. RESIDENCE OF FATHER (city, state) Basin, Idaho

4. FULL NAME OF CHILD Alton Fairchild
5. Date of Birth of Child (Month, day, year) July, 7, 1910
6. Sex Male 7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd Second 8. No. months of Pregnancy Reg. 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME John Harvey Fairchild
11. Color White 12. Age at time of THIS birth 43 yrs.
13. Birthplace Grantsville, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Louisiana McIntosh
17. Color White 18. Age at time of THIS birth 39 yrs.
19. Birthplace Grantsville, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
State of Idaho County of Cassia ss.
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 70 years of age, that I have known this person for 31 years, and that
Dr. E. P. Oldham who attended this birth is now dead I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Louisiana McIntosh Fairchild Signature
Oakley, Idaho P. O. Address

Subscribed and sworn to before me this 18 day of February, 1942
(SEAL) Henry W. Tucker Notary Public, residing at Basin, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Mary E. Elder, Registrar.

MAY 15 2006(1)

MAR 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238 127 042 356

33 6987

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **336987**
Local Reg. No.
Reg. Dist. No.

MAR 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Twin Falls</u> (b) City <u>Rogerson</u> (c) Street Address or R.F.D. No. <u>Salmon Dam</u> (d) Name of Hospital or Maternity Home: <u>In own home</u> (e) Mother's stay BEFORE delivery: <u>IN THIS county</u> years <u>6</u> months <u> </u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Twin Falls</u> (c) City <u>Rogerson</u> (d) Street Address or R.F.D. No. <u>Salmon Dam</u> (e) How long has MOTHER lived in Idaho? <u>33</u> yrs.	
4. FULL NAME OF CHILD. <u>JOSEPH PAUL SCHNELL</u>		3. RESIDENCE OF FATHER (city, state) <u>Rogerson, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Sept. 27, 1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>PAUL SCHNELL</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>26</u> yrs. 13. Birthplace <u>Obrovatz, Jugoslavia</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farming and Stockman</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>ANNA LEONARD</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>20</u> yrs. 19. Birthplace <u>Palanka, Jugoslavia</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Farming</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. <u>Unknown</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>One</u> . (b) Born alive and now living <u>Five</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by , who is related to this child as
 (First name) (Last name)
 (Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Idaho } ss.
 County of Twin Falls }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 31 years, and that Doctor Alexander, who attended this birth Is Now Deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Paul Schnell Signature
Rogerson, Idaho P. O. Address

Subscribed and sworn to before me this 10 day of March, 1942.
 (SEAL) Notary Public Notary Public, residing at Twin Falls, Idaho
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by Mary Elder, Registrar.

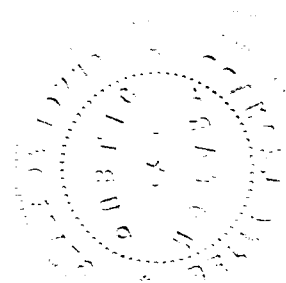
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MAR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

142-125024-317

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **336991**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Gooding (b) City Gooding
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county years 4 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Gooding
(c) City Gooding
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 Mo. yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME
OF CHILD

Fredrick Laverne Adkins

5. Date of Birth of Child

(Month, day, year) July 25-1910

6. Sex

Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL
NAME

Rickles N. Adkins

11. Color

white

12. Age at time

of THIS birth 43 yrs.

13. Birthplace

West Va.

(City or town)

(State or foreign country)

14. Exact

Occupation

Farmer

15. Industry or

Business

MOTHER OF CHILD

16. FULL MAIDEN
NAME

Martine Larson

17. Color

white

18. Age at time

of THIS birth 39 yrs.

19. Birthplace

Denmark

(City or town)

(State or foreign country)

20. Exact

Occupation

Housewife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....(First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Gen

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears
in Item 4, above, that I am now.....71.....years of age, that I have known this person for.....31.....years, and that

Dr. Carey

(First name)

(Last name)

who attended this birth cannot be located I further state that

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Martine Adkins Signature
224 So. Hayes Ave., Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of March, 1942

(SEAL)

Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Mary E. Elder Registrar.

MAR 17 1972

AUG 15 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

813-221-026-719

336997

336997

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

MAR 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Annis
(c) Street Address or R.F.D. No. R.F.D. 1 Sareng
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county 30 years 10 months 18 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Annis
(d) Street Address or R.F.D. No. R.F.D. 1 Sareng
(e) How long has MOTHER lived in Idaho? 30 yrs.

4. FULL NAME OF CHILD Hazel Luella Hall

3. RESIDENCE OF FATHER (city, state) Annis, Ida.
5. Date of Birth of Child
(Month, day, year) 7/21/1910

6. Sex Female 7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Joe Annis Hall
11. Color white 12. Age at time of THIS birth 34 yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Lucy Vilate Park
17. Color white 18. Age at time of THIS birth 30 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None to my knowledge
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Lucy Vilate Hall M.D. Midwife Address Date

State of Idaho County of Jefferson } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for all her life years, and that Mrs. Lizzie Rose who attended this birth is now dead I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

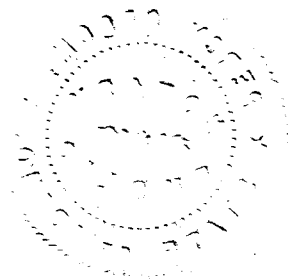
Lucy Vilate Hall Signature
Louise J. Sareng P. O. Address
Subscribed and sworn to before me this 17 day of March, 1942
(SEAL) Percy Graham Notary Public, residing at High Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1942 by Mamie Elder Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

666 228 044613

336 999

336999

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 336999
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Washington (b) City Spencer
(c) Street Address or R.F.D. No. W. Liberty St.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery
IN THIS county 1 years 8 months days

4. FULL NAME OF CHILD

Margaret Florence Hood

6. Sex Female 7. Twin or Triplet If so—born
1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME William Henry Hood
11. Color white 12. Age at time of THIS birth 36 yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation Civil Engineer
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Washington
(c) City Spencer
(d) Street Address or R.F.D. No. W. Liberty St.
(e) How long has MOTHER lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Spencer, Idaho
5. Date of Birth of Child (Month, day, year) Jan. 28, 1910

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine Walsh
17. Color white 18. Age at time of THIS birth 36 yrs.
19. Birthplace Cleveland, Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California ss.
County of Riverside

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 36 years of age, that I have known this person for 32 years, and that Dr. C. C. CONNANT, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine Walsh Hood Signature
843 North Murray St. Banning, Cal. P. O. Address

Subscribed and sworn to before me this 12th day of March, 1942.
(SEAL) Julius H. Rees Notary Public, residing at Banning, Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 17 1942 by Mary E. Elder, Registrar.

MAR 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **337008**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home:
Pen C. McConnell
(e) Mother's stay BEFORE delivery:
IN THIS county years / months / days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine
(c) City Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Pearl Queen McConnell

5. Date of Birth of Child
(Month, day, year) Sept. 28, 1910

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Elmer McConnell
11. Color white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Stock-farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucie Stella Wheeler
17. Color white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Ada } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 56 years of age, that I have known this person for 31 years, and that

Myra L. Wheeler (First name) (Last name), who attended this birth. (Is now deceased) or cannot be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucie Stella Wheeler McConnell Signature
Wilder Idaho P. O. Address

Subscribed and sworn to before me this 24 day of March, 19 42
(SEAL) Myra L. Wheeler Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAR 24 1942 by Mary Elder Registrar.

SEP 12 1968

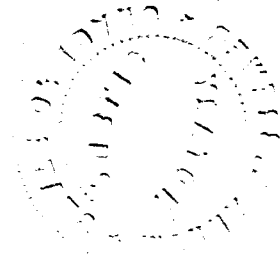
MAR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DECEASED



557-128-006-235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **337933**

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO **MAR 19 1942**

Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County Bingham (b) City Moreland
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home:
Parents' residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county 15 years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Moreland
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address Moreland, Idaho
3. RESIDENCE of FATHER (city, state) Moreland, Idaho

4. FULL NAME OF CHILD Vicilo Geddes England
6. Sex Male 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

5. Date of Birth (Month, day, year) Aug. 28, 1910

FATHER OF CHILD
10. FULL NAME John V. England
11. Color or Race white 12. Age at time of THIS birth 42 yrs.
13. Birthplace Palin City, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD
16. FULL NAME Elizabeth Stewart
17. Color or Race white 18. Age at time of THIS birth 43 yrs.
19. Birthplace Plain City, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) _____ (Date received) _____
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Bingham

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John V. England, being first duly sworn, say that I am related to
Vicilo Geddes England as father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Davis, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 18th day of March, 19 42
(SEAL) John V. England Signature
Moreland, Idaho P. O. Address
Notary Public, residing at Blackfoot, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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766-206-009-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **337949**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: ..
(e) Mother's stay **BEFORE** delivery;
IN THIS county years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Washington (b) County King
(c) City Seattle, Wash
(d) Street Address or R.F.D. No. Federal Ave.
(e) How long has **MOTHER** lived in Idaho? 4 mths.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Francis Louise Powell
7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

5. Date of Birth of Child
(Month, day, year) March 6, 1910

FATHER OF CHILD
10. **FULL NAME** Orin Waldo Powell
11. Color white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Glenwood, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Lumber business
15. Industry or Business same

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Anna Wilkose
17. Color white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Pittsburg, Penn.
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Kitsap

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32 years, and that Dr. Robertson, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Powell Signature
1743 Burwell Ave. Bremerton, Wash. P. O. Address

Subscribed and sworn to before me this 17th day of March, 19 42
(SEAL) Marion Salas Notary Public, residing at Bremerton
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on MAR 19 1942 by Marion Salas Registrar.

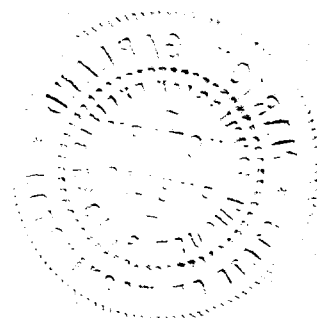
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **337969**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Idaho (b) City Ferdinand
(c) Street Address or R.F.D. No. Box 62
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Idaho
(c) City Ferdinand
(d) Street Address or R.F.D. No. Box 62
(e) How long has MOTHER lived in Idaho? 59 yrs.

3. RESIDENCE OF FATHER (city, state) Ferdinand, Idaho

5. Date of Birth of Child
(Month, day, year) Dec. 26, 1910

4. FULL NAME OF CHILD Bardt Moody

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME George Moody
11. Color Indian 12. Age at time of THIS birth 44 yrs.
13. Birthplace Snake River, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Fanny Parsons
17. Color Indian 18. Age at time of THIS birth 38 yrs.
19. Birthplace Kamiah, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housekeeping
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 5 A.M. on the date Feb. 16, 1942 (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Fanny Moody, who is related to this child as mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Fanny Moody Midwife Address Ferdinand, Idaho Date Feb. 16, 1942

State of Idaho County of Idaho ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 31 years of age, that I have known this person for 31 years, and that JANE MOODY (First name) (Last name), who attended this birth is still living (Can't write) (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 17 day of Feb. 1942
(SEAL)

JUSTICE OF THE PEACE

Signature Fanny Moody P.O. Address Ferdinand, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 11-611, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by Mabel E. Fisher Registrar.

MAR 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-10-032-269

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **337991**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Lemhi Co. (b) City Salmon City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home; Maywell (?) Maternity Home
(e) Mother's stay BEFORE delivery: Private Res
IN THIS county one years 3 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Lemhi Co.
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Salmon Idaho

4. FULL NAME OF CHILD

Murray Gilchrist McChung

5. Date of Birth of Child
(Month, day, year) Oct - 1 - 1942

6. Sex male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Murray Gilchrist McChung
11. Color white 12. Age at time
or Race white of THIS birth 37 yrs.
13. Birthplace Pittsburg, Kansas
(City or town) (State or foreign country)
14. Exact Occupation Eng. Fuel Co.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Davis Korman
17. Color white 18. Age at time
or Race white of THIS birth 36 yrs.
19. Birthplace Pittsburg, Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child, 2 (b) Born alive and now living, 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho ss.
County of Boise

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
in Item 4, above, that I am now 38 years of age, that I have known this person for 31 years, and that
Dr. Murphy who attended this birth deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Myrtle Davis Korman Signature
2423 Pacific St. Boise, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of March
(SEAL) Blanche Barney

Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

MAR 19 1942

by

Mary E. Sellers

Registrar.

MAR 25 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-126-009-855

337997

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 18 1942

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Bonner (b) City Bonnerterry
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 0 days
IN THIS county 3 years 8 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Bonner
(c) City Bonnerterry
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Bonnerterry, Idaho

3. RESIDENCE of FATHER (city, state)

5. Date of Birth
(Month, day, year) April 26 - 1910

4. FULL NAME OF CHILD

Francis Edgar Richardson

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Harrison Richardson

11. Color or Race white 12. Age at time of THIS birth 27 yrs.

13. Birthplace Marion - Virginia
(City or town) (State or foreign country)

14. Exact Occupation

15. Industry or Business merchant

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) _____ (Date received) (b) _____ (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) and address _____ Date _____

State of Washington }
County of SpoKane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Grace Richardson, being first duly sworn, say that I am mother (Related to (or) acquainted with) Francis Edgar Richardson as mother (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. D. Katz (Name of attendant at birth) who attended said birth deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Grace Richardson Signature

1555 1st St. Spokane Wash P. O. Address

Subscribed and sworn to before me on this _____ day of MAR 14 1942, 19____
(SEAL) CH. Egan Notary Public, residing at SPOKANE

MAR 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338001**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Minidoka</u> (b) City <u>Rupert Idaho</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years <u>10</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) county <u>Minidoka</u> (c) City <u>Rupert</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs.	
4. FULL NAME OF CHILD <u>Charles Nathan Herr</u>		5. Date of Birth of Child <u>Feb 14 1910</u> (Month, day, year).....	
6. Sex <u>male</u>	7. Twin or Triplet	8. No. months of Pregnancy	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Charlie Nathan Herr</u>		10. FULL MAIDEN NAME <u>Mrs Belle Hilliard</u>	
11. Color or Race <u>white</u>		11. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>31</u> yrs.		12. Age at time of THIS birth <u>19</u> yrs.	
13. Birthplace <u>Millerville Ind</u> (City or town) (State or foreign country)		13. Birthplace <u>Riverton Iowa</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer & Real estate</u>		14. Exact Occupation <u>House wife</u>	
15. Industry or Business		15. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>1</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of California } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Los Angeles

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that (Unknown) Dr Smith who attended this birth cannot be located. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Father of child died May 9 1936

Mrs Belle Hilliard Herr Nielson Signature
P.O. Box 1010, Modesto, California O. Address

Subscribed and sworn to before me this 17th day of March, 1942
(SEAL) Gilbert Moody Notary Public, residing at Turlock, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by Mary E. E. E. Registrar.

MAY 1911

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



266-116-025-365

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338006**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Idaho** (b) City **Kooskia**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN **THIS** county years months days

4. FULL NAME OF CHILD **RAY, CECIL, BOWLES**

6. Sex **male** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME **SAMUEL P. BOWLES**

11. Color **white** 12. Age at time of THIS birth **38** yrs.

13. Birthplace **Idaho, TOWN OF**
(City or town) (State or foreign country)

14. Exact Occupation **farmer**

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Idaho**
(c) City **Kooskia**
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? **10** yrs.

3. RESIDENCE OF FATHER (city, state) **Kooskia Idaho**

5. Date of Birth of Child
(Month, day, year) **Nov. 16, 1910**

8. No. months of Pregnancy **9** 9. Legitimate?

MOTHER OF CHILD

16. FULL MAIDEN NAME **Nancy Mary Della Tweedy**

17. Color **white** 18. Age at time of THIS birth **19** yrs.

19. Birthplace **Pomeroy, Washington**
(City or town) (State or foreign country)

20. Exact Occupation **house wife**

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **2**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of **OREGON**
County of **DESCHUTES** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **MOTHER** of the person whose name appears in Item 4, above, that I am now **50** years of age, that I have known this person for **31** years, and that

Name unknown now who attended this birth **Nurse** I further state that
(First name) (Last name) (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Della Bowles Signature

1355 Hartford Ave. Bend, Oregon P. O. Address

Subscribed and sworn to before me this **17th** day of **March**, 19 **42**

(SEAL) **Walter G. Lunsford** Notary Public, residing at **Bend, Oregon**

(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.) My Com expires **5/13/44**

Received for filing on **MAR 19 1942** by **Mabel E. Blaser** Registrar

OCT 28 1955

please rush this.

MAR 25 1942

and thanks -

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

783-112-028-162

338036

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **338036**
Local Reg. No.
Reg. Dist. No.

MAR 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Spirit Lake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: private home of parent
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Spirit Lake
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 13 yrs.

4. **FULL NAME OF CHILD** James LeRoy Pyle
6. Sex male 7. Twin or Triplet single If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) 7/12/10
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Albert J. Pyle
11. Color white 12. Age at time of THIS birth 31 yrs.
13. Birthplace near Decatur, Illinois
(City or town) (State or foreign country)
14. Exact Occupation mechanic (millwright)
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Charlotte Lenora Jobes
17. Color white 18. Age at time of THIS birth 21 yrs.
19. Birthplace Anoka, Minnesota
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum (not known to affiant)
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** Oregon M.D. Union Address Date
State of County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 31 years, and that Dr. Earl S. Prindle who attended this birth is now dead I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 23rd day of March, 19 42
(SEAL) Charles P. Cuten Notary Public, residing at La Grande, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

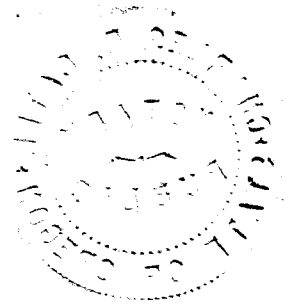
Received for filing on MAR 26 1942 by Mary E. Eeden Registrar.

MAR 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



863.1 29-206-693

338046

338046

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. Bridge St.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 22 years 6 months 14 days**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. Bridge St.
(e) How long has MOTHER lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Idaho
5. Date of Birth of Child Nov. 29, 1910
(Month, day, year)

4. FULL NAME OF CHILD LAWRENCE LAVON HOLT

6. Sex Male 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Horace Nestor Holt
11. Color White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Beaver Valley Ranch, Utah
(City or town) (State or foreign country)
14. Exact Occupation Delivery Driver
15. Industry or Business Ice & Coal Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Geneva Lorraine Wilde
17. Color White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Mink Creek, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 31 years, and that Mary Lavina Holt who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Geneva L Holt Signature
1056 Potrero Ave., El Monte, Cal. P.O. Address

Subscribed and sworn to before me this 21st day of March, 1942.

Commission Expires Aug. 28, 1944. Mark E. Drigger Notary Public, residing at 2503 S. Burton Ave
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-114, Idaho Code Annotated.) San Gabriel, Calif.

Received for filing on MAR 26 1942 by Mary E. Elder Registrar.

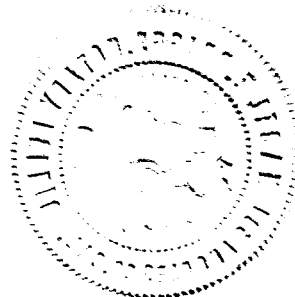
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

MAR 27 1942

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338072
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Meridian</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>At Scott Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>eight</u> years <u>eight</u> months <u>days</u>		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Boise</u> (c) City <u>Ada</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>Seven</u> yrs.	
4. FULL NAME OF CHILD <u>Jennie Lerner Ritter</u>		5. Date of Birth of Child (Month, day, year) <u>July 4, 1910</u>	
6. Sex <u>7</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>Nine</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Commodore Perry Ritter</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>27</u> yrs. 13. Birthplace <u>Terre Haute Indiana</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Fireman</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Elcie Scott</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>20</u> yrs. 19. Birthplace <u>Sauk Rapids Nebraska</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who wasat.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Idaho Midwife

State of Idaho ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Ada

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 37 years, and that Dr. Neal who attended this birth. Is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elcie S. Ritter Signature
Banka Idaho P. O. Address
Subscribed and sworn to before me this 27th day of March, 1942
(SEAL) Sector Ayre Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by Mary E. Eder Registrar.

MAR 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

231-116, 007-916

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338120**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Carey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 22 years months days

4. FULL NAME OF CHILD

Res. Rawson Stanford

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Albert Barney Stanford

11. Color or Race White

12. Age at time of THIS birth 38 yrs.

13. Birthplace

Carey Idaho
(City or town) (State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

Farmer

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine

(c) City Carey

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Carey Idaho

5. Date of Birth of Child

(Month, day, year) Nov. 16, 1910

MOTHER OF CHILD

16. FULL MAIDEN NAME

Edith Venetta Rawson

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace

Harrieville Idaho
(City or town) (State or foreign country)

20. Exact Occupation

House Wife

21. Industry or Business

House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of.....Idaho.....ss.
County of.....Blaine.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Father.....of the person whose name appears in Item 4, above, that I am now.....68.....years of age, that I have known this person for.....31.....years, and that

.....Sarah Carey....., who attended this birth.....Deceased..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Barney Stanford

Signature

Carey Idaho

P. O. Address

Subscribed and sworn to before me this.....day of.....

March, 1942

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....

MAR 20 1942

by.....

Marj H. Beeler

Registrar.

MAR 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

966-1011063-493
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338224**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. W. A. Bridger
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county 18 years 1 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. W. A. Bridger
(e) How long has MOTHER lived in Idaho? 18 yrs.

4. FULL NAME OF CHILD

Ivan Wendell Rowland

3. RESIDENCE OF FATHER (city, state)

Pocatello, Ida.
5. Date of Birth of Child
(Month, day, year) April 1, 1910

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Nelson Rowland
11. Color White 12. Age at time
or Race of THIS birth 36 yrs.
13. Birthplace Logan Utah
(City or town) (State or foreign country)
14. Exact Occupation Air Brake Inspector
15. Industry or Business Union Pacific Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Stella May Mills
17. Color White 18. Age at time
or Race of THIS birth 26 yrs.
19. Birthplace Hutchinson Kansas
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

Silver Proteinate

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
in Item 4, above, that I am now 58 years of age, that I have known this person for 31 years, and that
..... Dr. William Wright who attended this birth is deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this day of Mar, 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-314, Idaho Code Annotated.)

Stella M. Rowland Signature
Pocatello Idaho 1705 N. Main St. O. Address

Notary Public, residing at Pocatello

Received for filing on

MAR 20 1942

by

Marj E. Egan

Registrar.

JUN 2 1945

JAN 17 1957

MAR 26 1942

MAY 15 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

338252

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. _____
 Bureau of Census STATE OF IDAHO MAR 20 1942 Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County Blaine (b) City Carey
 (c) Street Address or R.F.D. No. _____
 (d) Name of Hospital or Maternity Home: Delivery at home
 (e) Mother's stay BEFORE delivery: _____
 In Hosp. or Mat. Home. _____ days.
 IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State _____ (b) County _____
 (c) City _____
 (d) Street Address or R.F.D. No. _____
 (e) How long has MOTHER lived in Idaho? _____ yrs.
 (f) Mother's mailing address _____

3. RESIDENCE of FATHER (city, state) _____

4. FULL NAME OF CHILD Irvin Wallace Spencer 5. Date of Birth May 24, 1910.
 (Month, day year) _____

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd _____
 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Wallace Irvin Spencer 16. FULL MAIDEN NAME Ellen Cherry
 11. Color white 12. Age at time of THIS birth 37 yrs. 17. Color white 18. Age at time of THIS birth 25 yrs.
 13. Birthplace Carey, Idaho. (City or town) (State or foreign country) 19. Birthplace Carey, Idaho. (City or town) (State or foreign country)
 14. Exact Occupation Laborer 20. Exact Occupation House wife
 15. Industry or Business sheep herder 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
 23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5
 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
 (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) _____ (Date received) _____ (Registrar's signature) 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
 27. Given name added on _____ by _____ (Registrar's signature) and address _____ Date _____

State of Idaho } ss.
 County of Blaine

I, D. E. Adamson, being first duly sworn, say that I am acquainted with Irvin Wallace Spencer as acquaintance (Related to (or) acquainted with) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Lulu B. Howard (Name of attendant at birth), who attended said birth cannot be located and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of _____, 19____.
 (SEAL) _____ Notary Public, residing at _____
 _____ Signature
Carey, Idaho. P. O. Address

MAR 12 1974

MAR 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **338284**
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: non
(e) Mother's stay **BEFORE** delivery:
IN THIS county Twin Falls years 19 months 10 days 5

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Ernest Wilburn Pritchard

5. Date of Birth of Child

(Month, day, year) July 5-1910

6. Sex

Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

X

FATHER OF CHILD

10. FULL NAME

Frank Pritchard

11. Color or Race

White

12. Age at time of THIS birth

2.6 yrs.

13. Birthplace

North Dakota

(City or town)

(State or foreign country)

14. Exact Occupation

Carpenter

15. Industry or Business

Carpenter

MOTHER OF CHILD

16. FULL MAIDEN NAME

Sarah Florence Storie

17. Color or Race

White

18. Age at time of THIS birth

21 yrs.

19. Birthplace

Cassman Co. Neb.

(City or town)

(State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 5:00 A. M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Sarah Pritchard, who is related to this child as mother (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Washington ss.
County of Spokane

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 31 years, and that A. Pike who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Florence Pritchard Signature
6922 S. Tyler Tacoma, Wt. P. O. Address

Subscribed and sworn to before me this 21st day of March, 1910

(SEAL)

Allen Steen Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by Mary E. Fisher Registrar.

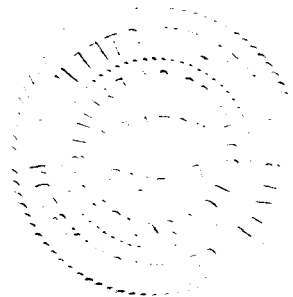
WAR 27 1942

AUG 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

295-1251035-295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338295**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Nez Perce</u> (b) City <u>Rural District</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>(Born at family residence)</u> (e) Mother's stay BEFORE delivery: <u>IN THIS county 4 years 3 months 10 days</u>		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City <u>Rural District</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>4</u> yrs.	
4. FULL NAME OF CHILD <u>Germanus Albert Brenner</u>		3. RESIDENCE OF FATHER (city, state) <u>same</u> 5. Date of Birth of Child (Month, day, year) <u>10/25/1910</u>	
6. Sex <u>male</u> 7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Jacob Kuntz Brenner</u> 11. Color <u>White</u> 12. Age at time of THIS birth <u>37</u> yrs. 13. Birthplace <u>Kitchiner, Ontario, Canada</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farming</u> 15. Industry or Business <u>Farmer</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Agnes Meyer Brenner</u> 17. Color <u>White</u> 18. Age at time of THIS birth <u>37</u> yrs. 19. Birthplace <u>Kitchiner, Ontario, Canada</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Housewife</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 3 P. M. on the date March 25, 1942 (Born alive or stillborn)
and at the place stated above, and that personal particulars were furnished by Sister Agnes Delphine, nee Gruesentia Brenner, who is related to this child as (Mother, etc.) (First name) (Last name)
25. Attendant's OWN signature (Signature) M.D./Midwife Address Columbus Hospital, Great Falls, Montana Date March 25, 1942

State of Montana County of Cascade } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 31 years, and that C.F. Toomy, M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC for the State of Montana
Residing at Great Falls, Montana

My Commission Expires December 31, 1943

Subscribed and sworn to before me this 25th day of March, 1942
(SEAL) (Signature) Notary Public, residing at Great Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

Received for filing on MAR 20 1942 by (Signature) Registrar.

MAR 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338296**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **FREMONT** (b) City **ST. ANTHONY**
(c) ~~Street Address~~ or R.F.D. No. **2**
(d) Name of Hospital or Maternity Home: **NONE**
(e) Mother's stay **BEFORE** delivery:
IN THIS county **40** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **IDAHO** (b) County **FREMONT**
(c) City **ST. ANTHONY**
(d) ~~Street Address~~ or R.F.D. No. **2**
(e) How long has **MOTHER** lived in Idaho? **10** yrs.

3. RESIDENCE OF FATHER (city, state) **SAME**

4. FULL NAME OF CHILD

LELAND URIAH LAW

5. Date of Birth of Child

(Month, day, year) **AUG 16, 1910**

6. Sex

MALE

7. Twin or Triplet

NO

8. No. months of Pregnancy

9

9. Legitimate? **YES**

FATHER OF CHILD

10. FULL NAME

CHARLES HON LAW

11. Color or Race

WHITE

12. Age at time of THIS birth

46 yrs.

13. Birthplace

ARLENES

IOWA

(City or town)

(State or foreign country)

14. Exact Occupation

FARMER

15. Industry or Business

OWN FARM

MOTHER OF CHILD

16. FULL MAIDEN NAME

SARAH HILL

17. Color or Race

WHITE

18. Age at time of THIS birth

39 yrs.

19. Birthplace

RETFORD

ENGLAND

(City or town)

(State or foreign country)

20. Exact Occupation

HOUSEWIFE

21. Industry or Business

OWN HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **7**

(b) Born alive and now living **6**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **at** **M. on the date**
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of **Idaho**

County of **Fremont**

ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **sister** of the person whose name appears in Item 4, above, that I am now **40** years of age, that I have known this person for **31** years, and that

ADRENA B. WILSON (First name) (Last name), who attended this birth **IS NOW DECEASED** (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this **19** day of **March**, 19**42**

(SEAL)

Notary Public

residing at **St. Anthony, Idaho**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **MAR 20 1942**

by **Mary E. Fisher**

Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-108 029-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338396**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No. R.F.D. 1
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
IN THIS county Genesee years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No. R.F.D. 1
(e) How long has MOTHER lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Genesee Idaho

5. Date of Birth of Child Feb. 8, 1910
(Month, day, year)

4. FULL NAME OF CHILD Otto Claus Borgen

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Amund Borgen
11. Color white 12. Age at time of THIS birth 43 yrs.
13. Birthplace Oslo Norway
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Asakina Petersen
17. Color white 18. Age at time of THIS birth 31 yrs.
19. Birthplace Oslo Norway
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of IDAHO } ss.
County of LATAH

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 32 years, and that Dr. Ehler, who attended this birth 13 Nov DECEASED, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 17th day of MARCH, 1942
(SEAL) Lowell Notary Public, residing at Genesee, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

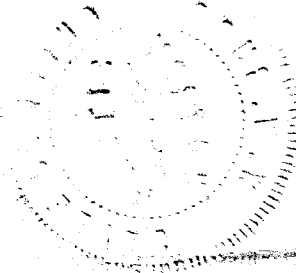
Received for filing on MAR 21 1942 by Mar! H. Lifer, Registrar.

MAR 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



763-212-042-523

338398

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. R. F. D.
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 5 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. R. F. D.
(e) How long has **MOTHER** lived in Idaho? 5 Mo. ~~Yrs~~

3. RESIDENCE OF FATHER (city, state) Twin Falls, Ida
Date of Birth of Child
(Month, day, year) 4-12-1910

4. FULL NAME OF CHILD Ruth Marie Polzin
6. Sex female **7. Twin or** Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9. Legitimate?** yes

FATHER OF CHILD

10. FULL NAME Frederick Carl Polzin
11. Color White **12. Age at time of THIS birth** 44 yrs.
13. Birthplace Danzig Germany
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sophia Margaret Ketelsen
17. Color White **18. Age at time of THIS birth** 41 yrs.
19. Birthplace Charlotte Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature **M.D.** **Midwife** **Address** **Date**

State of California } ss.
County of Napa

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 31 years, and that....., who attended this birth deceased I further state that.....
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Sophia M. Ketelsen Polzin Signature
1418 Calistoga Avenue, Napa, Cal. P.O. Address

Subscribed and sworn to before me this 11th day of March, 1942.
(SEAL) Elsie R. L. Schaefer Notary Public, residing at Napa, California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1942 by Mary J. Schaefer, Registrar.

MAR 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

695-210-D 29-695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 21 1942

State File No. **338432**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
In **THIS** county. years. months. days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 43 yrs.
(f) Mother's mailing address Kendrick, Idaho
3. **RESIDENCE OF FATHER** (city, state) Kendrick, Idaho

4. **FULL NAME OF CHILD** Mae Louise Freytag 5. Date of Birth (Month, day, year) May 10, 1910
6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo. 9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|--|--|---|
| 10. FULL NAME <u>William Freytag</u> | 16. FULL MAIDEN NAME <u>Helie Long Freytag</u> | | |
| 11. Color or Race <u>white</u> | 17. Color or Race <u>white</u> | 12. Age at time of THIS birth <u>50 1/2</u> yrs. | 18. Age at time of THIS birth <u>38</u> years |
| 13. Birthplace <u>Hamelin, Germany</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Germany</u>
(City or town) (State or foreign country) | | |
| 14. Exact Occupation <u>Farmer</u> | 20. Exact Occupation <u>Housewife</u> | | |
| 15. Industry or Business | 21. Industry or Business | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 11
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

26. (a) (Date received) (b) Mae Freytag (Registrar's signature)
27. Given name added on by (Registrar's signature)
25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Latah }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William Freytag, being first duly sworn, say that I am related (Related to (or) acquainted with)
Mae Louise Freytag as Father, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Dr. H. H. H. H., who attended
(Name of attendant at birth)
said birth cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 19th day of March 1942
(SEAL) William Freytag Notary Public, residing at Kendrick

MAR 28 1942

FEB 2 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

817-103-028-314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338438**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Lane
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Lane
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Burl Cady Hagadone

5. Date of Birth of Child
(Month, day, year) Oct 3-1910

6. Sex Boy 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Raymond R. Hagadone
11. Color white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Brainerd Minn.
(City or town) (State or foreign country)
14. Exact Occupation Saw Filer
15. Industry or Business Industry

MOTHER OF CHILD

16. FULL MAIDEN NAME Addie Mabel Cady
17. Color white 18. Age at time of THIS birth 20 yrs.
19. Birthplace Barana Mich.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Mother.

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Kootenai

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 32 years of age, that I have known this person for 31 years, and that Dr. Reger who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. R. R. Hagadone Signature
Locand, Plene, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of March, 1912.
(SEAL) R. R. Hagadone Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1912 by Mary E. Eifer Registrar.

MAR 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

165-112-025-816

338542

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Seelye
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
St. Ann's
(e) Mother's stay **BEFORE** delivery: home
IN THIS county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City St. Ann
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

4. **FULL NAME OF CHILD** Warren William Jones

5. Date of Birth of Child
(Month, day, year) Mar. 12, 1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Barnard Sylvester Jones
11. Color white 12. Age at time of THIS birth 42 yrs.
13. Birthplace Iowa
(City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business Barber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Alice Hancock
17. Color white 18. Age at time of THIS birth 37 yrs.
19. Birthplace Idaho
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature Leah M.D. Midwife Address Date

State of California ss. County of San Francisco

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the full sister of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for 32 years, and that....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gladyce M. Adams Signature
P. O. Address San Francisco, Cal.

Subscribed and sworn to before me this 20 day of March, 1942
(SEAL) Leah Braun Notary Public, residing at San Francisco
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1942 by Mar. 24 1942 Registrar.

MAR 30 1946

FEB 28 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

793-105-225-396

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338599
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth)
(a) County Idaho (b) City Belo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Belo (near Prangeville)
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 21 yrs.

4. FULL NAME OF CHILD MARVIN ROYAL GILL

5. Date of Birth of Child
(Month, day, year) Aug 5-1910

6. Sex M 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Charles Monroe Gill
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Levinston, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Goldie Sophie Gill Troch
17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Garden, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Midwife _____ Address _____ Date _____

State of Idaho County of Idaho ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4 above, that I am now 52 years of age, that I have known this person for 31 years, and that Dr. S. Stockton who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Goldie S. Gill Signature

Subscribed and sworn to before me this 22 day of March 1942 (SEAL) _____ Notary Public, residing at Prangeville, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code annotated.)

Received for filing on MAR 23 1942 by Marj H. Johnson Registrar.

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338607**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Washington</u> (b) City <u>Weiser</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Born at family home</u> (e) Mother's stay BEFORE delivery <u>2</u> years <u>0</u> months <u>0</u> days IN THIS county		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Weiser</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>4.4</u> yrs.	
4. FULL NAME OF CHILD <u>Arthur Marion Neeley</u>		5. Date of Birth of Child (Month, day, year) <u>May 23-1910</u>	
6. Sex <u>Boy</u>	7. Twin or Triplet <u>No</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>John C. Neeley</u>		16. FULL MAIDEN NAME <u>Lorena Dixon</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth yrs.
13. Birthplace <u>Scott County, Wa.</u> (City or town) (State or foreign country)		19. Birthplace <u>Scott County, Idaho</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by, who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Washington ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Idaho

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 32 years, and that Dr. J. R. Numbers, who attended this birth is dead I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws:

Lorena Neeley Signature
Weiser, Idaho P. O. Address
Subscribed and sworn to before me this 4 day of March, 1910
(SEAL) [Signature] Notary Public, residing at Main St. Weiser
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on MAR 6 1942 by Mary E. [Signature] Registrar.

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

338617

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Nez Perce (b) City Winchester
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Nez Perce
(c) City Winchester
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Benjamin Lee Monroe

5. Date of Birth of Child
(Month, day, year) Apr. 6, 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Aron Monroe
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Aglettsville, Arkansas
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mattie Sue Carson
17. Color White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Limestone, Tenn.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 31 years, and that Anna Conger, Midwife, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 11 day of March, 1940
(SEAL) Evans Jones Notary Public, residing at Lewiston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

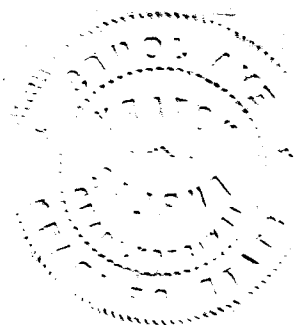
Received for filing on MAR 13 1942 by Mary H. Hefner Registrar.

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

386-201-004-252

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338626**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bear Lake (b) City Bloomington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Bear Lake
(c) City Bloomington
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Bloomington, Idaho

5. Date of Birth of Child

(Month, day, year) April 1, 1910

4. FULL NAME OF CHILD

Esther Thompson

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Martin Wesley Thompson

11. Color white 12. Age at time of THIS birth 27 yrs.

13. Birthplace Bloomington Idaho
(City or town) (State or foreign country)

14. Exact Occupation farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elva Sessions

17. Color white 18. Age at time of THIS birth 21 yrs.

19. Birthplace Woodruff Utah
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife

Address

Date

State of Idaho ss.
County of Madison

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... mother..... of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 31 years, and that

Dr. Ashley who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elva Sessions Thompson Signature
Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of March, 1942

(SEAL)

Mary Smith Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....

MAR 24 1942

by

Mabel Keeler

Registrar.

MAR 30 1942

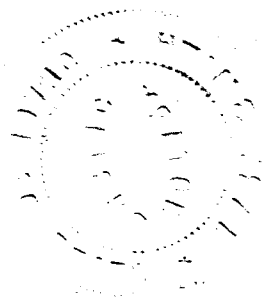
NOV 1 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

65-111
MAR 23 1942



249-205-029-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338647**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Satan</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. <u>numbered</u> (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mother's stay BEFORE delivery: <u>1</u> years <u>about</u> months <u>1</u> days IN THIS county		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Satan</u> (c) City <u>Moscow</u> (d) Street Address or R.F.D. No. <u>7 numbered</u> (e) How long has MOTHER lived in Idaho? <u>about 1 yrs.</u>	
4. FULL NAME OF CHILD <u>Lillian Ellen Burton</u>		3. RESIDENCE OF FATHER (city, state) <u>Moscow, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>March 5-1910</u>	
6. Sex <u>female</u>	7. Twin or Triplet <u>neither</u>	8. No. months of Pregnancy <u>7 1/2</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Lester M. Burton</u> 11. Color <u>White</u> 12. Age at time of THIS birth <u>21</u> yrs. 13. Birthplace <u>Missoula</u> <u>Montana</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Logger</u> 15. Industry or Business <u>Lumber and logging</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Sarah Ellen Blake</u> 17. Color <u>White</u> 18. Age at time of THIS birth <u>16</u> yrs. 19. Birthplace <u>Spring Valley</u> <u>Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>House wife</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None I know of</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>6</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is related to this child as
 (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN signature** M.D. None
 Midwife Address Now deceased Date many years ago

State of Washington } ss.
 County of King }
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 32 years, and that not known (First name) Roby (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lester M. Burton Signature
16272-14 Ave N.E. Seattle Wash. P. O. Address

Subscribed and sworn to before me this 23 day of March, 1942.
 (SEAL) [Signature] Notary Public, residing at Seattle, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by Maud E. [Signature] Registrar.

APR 16 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-113-011-312

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338666**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME OF CHILD

Robert James Smith

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME

James L. Smith

11. Color or Race White

12. Age at time of THIS birth 50 yrs.

13. Birthplace Boise, Idaho

(City or town)

(State or foreign country)

14. Exact Occupation Lumber Mill

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Boonville

(c) City Boonville

(d) Street Address or R.F.D. No. Maple St

(e) How long has MOTHER lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child

(Month, day, year) Jan 13, 1910

8. No. months of Pregnancy 9

9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME

Nattie Euclia Smith

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Idaho

(City or town)

(State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho County of Boonville ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for years, and that

Robert James Smith, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Nattie Euclia Smith Signature

P. O. Address

Subscribed and sworn to before me this 23 day of March, 19 42

(SEAL)

Notary Public, residing at Boonville, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by [Signature] Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

414-119-035-743

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338694**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Regence (b) City Idaho
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Regence
(c) City Idaho
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
3. **RESIDENCE OF FATHER** (city, state) Idaho, Idaho

4. **FULL NAME OF CHILD** Jacob Carl Daugherty
7. Twin or Triplet no If no born 1st, 2nd, 3rd

FATHER OF CHILD
10. **FULL NAME** Thomas Harrison Daugherty
11. Color white 12. Age at time of THIS birth 39 yrs.
13. Birthplace Phillippi, W. Va., U.S.A.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business none

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Rachel Virginia Pitman
17. Color white 18. Age at time of THIS birth 37 yrs.
19. Birthplace Phillippi, W. Va.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child, 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature.....M.D. Address Date
State of Washington County of Spokane } ss.
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for.....years, and that.....
(First name) (Last name) who attended this birth.....I further state that
(Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1987 Session Laws.

Rachel V Daugherty Signature
1618 E. Mission Spokane, Wn P. O. Address
March

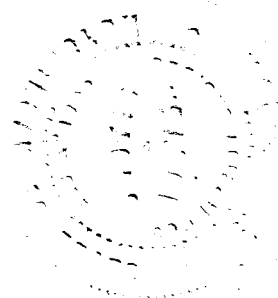
Subscribed and sworn to before me this 27 day of.....19 45
(SEAL).....Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by....., Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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413-101-225-714

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338715**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Grangeville</u> (c) Street Address or R.F.D. No. <u>X</u> (d) Name of Hospital or Maternity Home: <u>XX</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>36</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Grangeville</u> (d) Street Address or R.F.D. No. <u>XX</u> (e) How long has MOTHER lived in Idaho? <u>68</u> yrs. 3. RESIDENCE OF FATHER (city, state) <u>Deceased</u>	
--	--	---	--

4. FULL NAME OF CHILD <u>Marion Peter Mallick</u>		5. Date of Birth of Child (Month, day, year) <u>May 1, 1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>Twin</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>John Peter Mallick</u>	16. FULL MAIDEN NAME <u>M. Josephine Gaddy</u>		
11. Color or Race <u>French-Nez Perce</u>	17. Color or Race <u>French-Nez Perce</u>	12. Age at time of THIS birth <u>30</u> yrs.	18. Age at time of THIS birth <u>36</u> yrs.
13. Birthplace <u>Idaho County, Idaho</u> (City or town) (State or foreign country)	19. Birthplace <u>Idaho County, Idaho</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Farmer</u>	20. Exact Occupation <u>House-keeper</u>		
15. Industry or Business <u>X</u>	21. Industry or Business <u>X</u>		

22. Name prophylactic used to prevent Ophthalmia Neonatorum X

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was X at X M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by X, who is related to this child as X (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature X **M.D.** X **Address** X **Date** X

State of Idaho County of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 31 plus years, and that Mrs. -- Robinette who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

M. Josephine Mallick Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of March, 19 42
(SEAL) Notary Public Notary Public, residing at Grangeville, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on MAR 25 1942 by Marion P. Mallick Registrar.

MAR 31 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338718**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Valley (b) City Cascade
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise now Valley
(c) City Cascade
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.

(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

3. **RESIDENCE OF FATHER** (city, state) Crawford, Ida.
4. **FULL NAME OF CHILD** William Jennings Bean
5. Date of Birth of Child Aug 30, 1940
(Month, day, year)

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Willie Augustus Bean
11. Color white 12. Age at time of THIS birth 36 yrs.
13. Birthplace Waltham, Mass
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Olive Williams
17. Color white 18. Age at time of THIS birth 16 yrs.
19. Birthplace Logue, Penn.
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Valley } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 31 years, and that Mrs. Thayer who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Olive Bean Signature
Cascade, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of March, 1942

(SEAL)

Ronald Williams

Notary Public, residing at Cascade, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

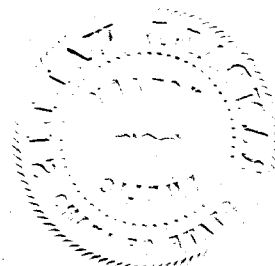
Received for filing on MAR 25 1942 by Mary J. E. E. E. Registrar.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



713-125,008-313

338721

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Boise (b) City
(c) Street Address or R.F.D. No. Star Route
(d) Name of Hospital or Maternity Home:
12 mi. Home
(e) Mother's stay BEFORE delivery:
IN THIS county years 5 months 10 days 20

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Boise
(c) City
(d) Street Address or R.F.D. No. Star Route
(e) How long has MOTHER lived in Idaho? 7-10 mo yrs.

4. FULL NAME OF CHILD

Quincy Glen Patterson

3. RESIDENCE OF FATHER (city, state) Idaho
5. Date of Birth of Child
(Month, day, year) May, 25, 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Andrew Patterson
11. Color White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Gray, Virginia
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Amelia Callender
17. Color White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Tremont, Michigan
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Valley } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 31 years, and that Maggie Callender who attended this birth is deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna A. Patterson Signature
Cascade, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of March, 19 42.
(SEAL) Wm Kerby Notary Public, residing at Cascade, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.)

Received for filing on MAR. 25 1942 by Mabel Beeler Registrar.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

168-225-016-214

338726

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
At home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

4. FULL NAME OF CHILD Fern Johnson

5. Date of Birth of Child
(Month, day, year) Burley, Idaho 1910 August 25, A

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Felix Franklin Johnson
11. Color White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Dellaplane, North Carolina
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Baumgartner
17. Color White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Effingham, Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of Arizona
County of Pima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 31 years, and that Dr. J.C. Patterson, who attended this birth Is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsie Baumgartner Johnson Signature
Pillito, Arizona P. O. Address

Subscribed and sworn to before me this 21 day of March, 1942
(SEAL) Walter Murphy Notary Public, residing at Thompson, Ariz
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by Maud T. Fisher Registrar.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this or bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho copy requires an advance payment of fifty cents, money order or coin.

Charge for filing. Each certified

294-2291035-695

338727

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County..... (b) City.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME OF CHILD

Lilly Angelina Kimbell

6. Sex

Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State *Idaho* (b) County *Myers*
(c) City *McLure*
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? *13 yrs*

3. RESIDENCE OF FATHER (city, state) *Myers, Ida.*

5. Date of Birth of Child (Month, day, year) *April 29, 1910*

8. No. months of Pregnancy

9. Legitimate? *yes*

10. FULL NAME

FATHER OF CHILD

MOTHER OF CHILD

11. Color *White* 12. Age at time of THIS birth *36* yrs.
13. Birthplace *Long Beach, Calif.*
(City or town) (State or foreign country)
14. Exact Occupation *Farmer*
15. Industry or Business

16. FULL MAIDEN NAME *Emma Angelina Finley*
17. Color *White* 18. Age at time of THIS birth *26* yrs.
19. Birthplace *Green City, Missouri*
(City or town) (State or foreign country)
20. Exact Occupation *Housewife*
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child *3* (b) Born alive and now living *3*

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of.....County of.....} ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the *Feather* of the person whose name appears in Item 4, above, that I am now *67* years of age, that I have known this person for.....years, and that

Dorcas Jones (First name) (Last name), who attended this birth..... (Is now deceased) or cannot be located I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this *20th* day of *March*, 19*42*

(SEAL)

W. V. Eastman

Notary Public, residing at *Lewiston, Idaho*

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....

MAR 25 1942

by.....

Marl Pfeiffer

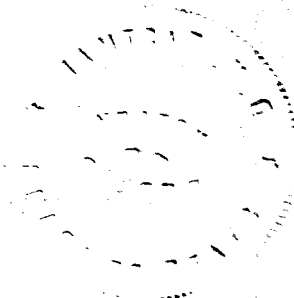
Registrar.

MAR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

338728

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Clearwater (b) City Cavendish Idaho
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county 20 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Cavendish
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Eli Esra Pederson
5. Date of Birth of Child
(Month, day, year) Nov. 16, 1910
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Jens Christian Pederson
11. Color white 12. Age at time of THIS birth 46 yrs.
or Race.....
13. Birthplace Böttrop Denmark
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Sophie Frederekha Bertheksen
17. Color white 18. Age at time of THIS birth 37 yrs.
or Race.....
19. Birthplace Copenhagen Denmark
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia-Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
- and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's **OWN signature** Washington M.D. Address Date
Spokane Midwife
- State of.....ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of.....

- I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 31 years, and that Mrs. Frederiksen is now deceased who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
- The facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

- Sophie Frederikke Pedersen Signature
Route #8, Spokane, Wash. P. O. Address
- Subscribed and sworn to before me this 19 day of March, 19 42
(SEAL) Frank H. [Signature] Notary Public, residing at Spokane, Wash.
- (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by Mabel [Signature] Registrar.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



212-1071025-212

338746

United States
Department of Commerce,
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 29 years 7 months 16 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 52 yrs.
3. **RESIDENCE OF FATHER** (city, state) Rathdrum, Idaho

4. **FULL NAME OF CHILD** Robert Samuel Baker
6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 1/2 9. Legitimate? yes

5. Date of Birth of Child
(Month, day, year) Sept. 7, 1910

FATHER OF CHILD
10. **FULL NAME** William Oscar Baker
11. Color white 12. Age at time of THIS birth 48 yrs.
13. Birthplace Oregon, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Harness Maker
15. Industry or Business Self

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Maude (none) Baker
17. Color white 18. Age at time of THIS birth 29 yrs.
19. Birthplace Smith Center, Kansas
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11.30 P.M. on the date Sept. 7, 1910 (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Maude Baker Murray, who is related to this child as mother
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of WASHINGTON
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4 above, that I am now 61 years of age, that I have known this person for 31 years, and that Maude Baker Murray, who attended this birth, is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maude Baker Murray Signature
W. 1427 Fifth Avenue, Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 26th day of March, 19 42
(SEAL) Notary Public, residing at Spokane, Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

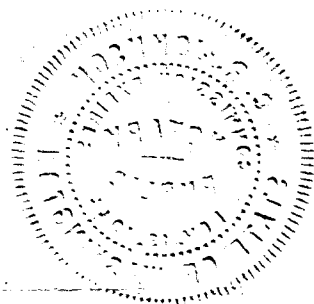
Received for filing on MAR 25 1942 by Myrtle E. Baker, Registrar.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



464-112.042-389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338754**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County TWIN FALLS (b) City BUHL
(c) Street Address or R.F.D. No. MAIN
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years 9 months ? days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County TWIN FALLS
(c) City BUHL
(d) Street Address or R.F.D. No. MAIN
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
3. **RESIDENCE OF FATHER** (city, state) BUHL, IDAHO

4. **FULL NAME OF CHILD** THOMAS CLARENCE DODGE

5. Date of Birth of Child
(Month, day, year) MAY 12 1910

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ROY CLARK DODGE
11. Color WHITE 12. Age at time of THIS birth 33 yrs.
13. Birthplace HARBOR CREEK PENNA.
(City or town) (State or foreign country)
14. Exact Occupation OFFICE MGR.
15. Industry or Business AUTOMOBILE

MOTHER OF CHILD

16. **FULL MAIDEN NAME** BERTHA BERNIECE THROOP
17. Color WHITE 18. Age at time of THIS birth 34 yrs.
19. Birthplace HARBOR CREEK PENNA.
(City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE at 9 P. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by BERTHA DODGE, who is related to this child as MOTHER
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature ORE M.D. Address Date
Midwife

State of ORE County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 66 years, and that DR A.F. MCCLUSKEY, who attended this birth, is now DECEASED. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs R. C. Dodge Signature
2425 S.E. 24 AVE. PORTLAND, ORE. P. O. Address

Subscribed and sworn to before me this 12 day of March, 1942
(SEAL) H. M. Berry Notary Public, residing at Portland Oregon

(Note: Perjury is punishable in Idaho, see Section 18-1942, Idaho Code Annotated.)

Received for filing on MAR 26 1942 by Marl E. Fisher, Registrar.

NOV 6 1956
JUL 14 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

295-110-203-515

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338759**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County <u>Bannock</u> (b) City <u>Downey</u> (c) Street Address or R.F.D. No. <u>1</u> (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home <u>0</u> days. IN THIS county <u>13</u> years month days	2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Downey</u> (d) Street Address or R.F.D. No. <u>1</u> (e) How long has MOTHER lived in Idaho? <u>13</u> yrs. (f) Mother's mailing address <u>Downey, Idaho</u>
--	--

4. FULL NAME OF CHILD <u>William Edward Kingsford</u>	5. Date of Birth (Month, day, year) <u>Aug. 10, 1910</u>		
6. Sex <u>male</u>	7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William Charles Kingsford</u>	16. FULL MAIDEN NAME <u>Fannie Rozillia Van Leuven</u>	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>29</u> yrs.
11. Birthplace <u>Franklin Idaho</u> (City or town) (State or foreign country)	19. Birthplace <u>Mapleton Utah</u> (City or town) (State or foreign country)	12. Age at time of THIS birth <u>32</u> yrs.	20. Exact Occupation <u>housewife</u>
13. Exact Occupation <u>farmer</u>	21. Industry or Business <u>farming</u>	14. Industry or Business <u>farming</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth 5 (b) Born alive and now living 4
(c) Born alive and now dead one (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) MAR 26 1942 (Date received) (b) [Signature] (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____ (Registrar's signature)

State of Idaho }
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William Charles Kingsford, being first duly sworn, say that I am related to William Edward Kingsford as father (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Arnout (Name of attendant at birth) who attended said birth deceased and that this birth has not been previously recorded (Is now deceased (or) cannot be located)

William Charles Kingsford Signature
Downey, Idaho P. O. Address

Subscribed and sworn to before me on this 25th day of March, 1942
(SEAL) [Signature] Notary Public, residing at Downey, Idaho

MAR 9 1942

NOV 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

285-214029-164

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338769**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Patlatch
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 1 years 3 months 15 days

4. FULL NAME OF CHILD

Edna Josephine Bye

6. Sex Female 7. Twin or Triplet ✓

If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Adolph Edwin Bye

11. Color White 12. Age at time of THIS birth 29 yrs.

13. Birthplace Minneapolis
(City or town) (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Josephine Isbell

17. Color White 18. Age at time of THIS birth 26 yrs.

19. Birthplace Wilson Wisconsin
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sigylol 10%

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 4 A.M. on the date (Born alive, stillborn)

and at the place stated above, and the personal particulars were furnished by Josephine Bye, who is related to this child as Mother (First name) (Last name)

25. Attendant's OWN signature J.W. Thompson

M.D. None

Address Moscow

Date 3/18/42

State of Idaho County of Idaho ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that

....., who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this day of 19.....

(SEAL)

..... Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1942

by

Mabel E. Fisher

Registrar.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelopes bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

155-220-040-845

338789

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Shoshone (b) City Eagle
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Private home
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Shoshone
(c) City Eagle
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Eagle

4. FULL NAME OF CHILD Ellouise Janette Avery

5. Date of Birth of Child
(Month, day, year) May 20, 1910

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Cyrus Avery
11. Color white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Ringhamton, N.Y.
(City or town) (State or foreign country)
14. Exact Occupation Mill worker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mila Ann Hunt
17. Color white 18. Age at time of THIS birth 27 yrs.
19. Birthplace Schuyler, Nebr.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 4:20 A. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mila A Avery, who is related to this child as Mother
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Idaho County of Shoshone ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that Dr. George Leshar, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Commission expires July 30, 1945

Subscribed and sworn to before me this 11 day of March, 1942

(SEAL)

Mary M. Stout

Notary Public, residing at Kellogg Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by Mary M. Stout, Registrar.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record type bearing FIRST-CLASS postage to State Bureau requires an advance payment of fifty cents. This certificate. Mail COMPLETED certificate in envelope, Idaho, for filing. No charge for filing. Each certified

863-109-001-349

338818
338818

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338818
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Blaine</u> (c) City <u>Ketchum</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs.	
4. FULL NAME OF CHILD <u>D. Ralph Yockey</u>		5. RESIDENCE OF FATHER (city, state) Date of Birth of Child <u>May 9, 1910</u> (Month, day, year)	
6. Sex <u>Male</u>	7. Twin or Triplet	8. No. months of Pregnancy	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Albert J. Yockey</u> 11. Color or Race <u>Wh</u> 12. Age at time of THIS birth <u>31</u> yrs. 13. Birthplace (City or town) (State or foreign country) 14. Exact Occupation <u>Sawmill operator</u> 15. Industry or		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Alice Turner</u> 17. Color or Race <u>Wh</u> 18. Age at time of THIS birth <u>27</u> yrs. 19. Birthplace (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or	

This certificate issued in accordance with the 1937 Idaho Session Laws relative to adopted children. Authentic copy of adoption papers filed with the Bureau of Vital Statistics, Boise Idaho, March 21, 1942, shows adoption made on November 27, 1911, in Blaine, County, Idaho, and date of birth of D. Ralph Yockey to be May 9, 1910. Adopted by Albert J. Yockey and Alice T. Yockey, husband and wife. Affidavit from Children's Home Finding and Aid Society issued March 25, 1942 states boy born May 9, 1910, released to the Home May 20, 1910 and adopted by Albert J. Yockey and Alice Yockey through the Probate Court of Blaine County; place of birth of child given as Boise, Idaho. Dated this 28th day of March, 1942.

State of Idaho County of Blaine ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth. I further state that _____ (Is now deceased) or (cannot be located)

(First name) (Last name) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 28th day of March, 1942
(SEAL) _____
Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

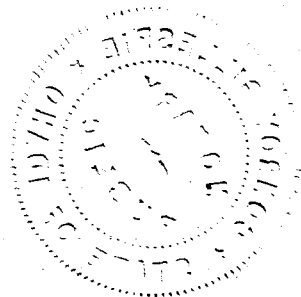
Received for filing on APR 7 1942 by Paul J. Baker Registrar.

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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195-213-201-197

338848

338848

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>ADA</u> (b) City <u>BOISE</u> (c) Street Address or R.F.D. No. <u>9th & FRONT</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>ADA</u> (c) City <u>BOISE</u> (d) Street Address or R.F.D. No. <u>9th & FRONT</u> (e) How long has MOTHER lived in Idaho? <u>6</u> yrs.	
4. FULL NAME OF CHILD <u>TEONITA JUANITA AREGO.</u>		5. Date of Birth of Child <u>DEC. 13, 1919</u> (Month, day, year)	
6. Sex <u>FEMALE</u>	7. Twin or Triplet <u>TWIN</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>YES</u>
FATHER OF CHILD 10. FULL NAME <u>benito arego</u> <u>38</u> 11. Color <u>WHITE</u> 12. Age at time of THIS birth <u>43</u> yrs. 13. Birthplace <u>SPAIN</u> (City or town) (State or foreign country) 14. Exact Occupation <u>HOTEL KEEPER</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>EULOGIA ARGINCHONA</u> 17. Color <u>WHITE</u> 18. Age at time of THIS birth <u>30</u> yrs. 19. Birthplace <u>SPAIN</u> (City or town) (State or foreign country) 20. Exact Occupation <u>HOUSEWIFE.</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum 6
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date 6
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by DR. COLLISTER, who is related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature DR. COLLISTER **M.D.** Midwife **Address** **Date**

State of IDAHO ADA **County of** ADA **SS.** **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the 61 **MOTHER** of the person whose name appears in Item 4, above, that I am now 31 years of age, that I have known this person for 31 years, and that **DR. COLLISTER** DR. COLLISTER who attended this birth IS NOW DECEASED I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

DR. COLLISTER DR. COLLISTER **Signature** **P. O. Address**
Subscribed and sworn to before me this 31 **day of** March **19** 42
(SEAL) DR. COLLISTER **Notary Public, residing at** Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

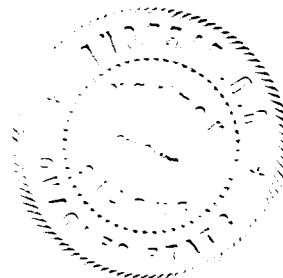
Received for filing on MAR 31 1942 by Mary Elder Registrar.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

APR 1 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 71 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lillian Elsie DeChambeau

5. Date of Birth of Child
(Month, day, year) Nov. 2, 1910

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Nesbit DeChambeau
11. Color white 12. Age at time of THIS birth 48 yrs.
13. Birthplace Montreal, Canada
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD Mc Bride

16. **FULL MAIDEN NAME** Elsie Ann DeChambeau
17. Color white 18. Age at time of THIS birth 40 yrs.
19. Birthplace Garden Valley, Idaho
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature Idaho M.D. Midwife Address Date

State of.....Idaho County of.....Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4, above, that I am now.....71.....years of age, that I have known this person for.....31.....years, and that.....Mrs. McBride....., who attended this birth.....is now deceased..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsie Ann DeChambeau Signature
Eagle, Idaho P. O. Address

Subscribed and sworn to before me this 31st day of March, 1942.

(SEAL) Magel Emmett Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) my Com expires July 25, 1942

Received for filing on.....APR 1 1942.....by.....Mary E. Feder....., Registrar.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

State File No. 338878
Local Reg. No.
Reg. Dist. No.

APR 1 1942

STATE OF IDAHO

MAR 20 1942

1. PLACE OF BIRTH:

(a) County..... (b) City Mullan
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home..... days.
In THIS county..... years..... months..... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State S. Dakota (b) County.....
(c) City Sibon Falls
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address.....

3. RESIDENCE OF FATHER (city, state) S. Dakota

4. FULL NAME OF CHILD

Charles Herbert Ellis

5. Date of Birth (Month, day, year) Nov. 25, 1910

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ray Clifford Ellis
11. Color or Race white Age at time of THIS birth 29 yrs.
12. Birthplace Michigan (City or town) (State or foreign country)
13. Exact Occupation miner
14. Industry or Business

MOTHER OF CHILD

15. FULL MAIDEN NAME Anna Ida McCusker
16. Color or Race white Age at time of THIS birth 23 years
17. Birthplace South Dakota (City or town) (State or foreign country)
18. Exact Occupation
19. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)

26. (a) APR 1 1942 (b) Mary E. Edgar 25. Attendant's
(Date received) (Registrar's signature) OWN signature..... M.D. or
(D.O., Midwife, etc.)
27. Given name added on..... by..... and address
(Registrar's signature) Date

State of Arizona
County of Yuma } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna Ellis, being first duly sworn, say that I am related to
(Related to (or) acquainted with)
Charles Herbert Ellis as Mother, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended
(Name of attendant at birth)
said birth..... and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 17th day of March, 1942.

(SEAL)

Mary C. Ruffner
Notary Public, residing at Yuma, Arizona

Anna Ellis
1165-4th Ave Yuma Arizona P. O. Address
March 1942

APR

1 1942

AUG 13 1971

JAN 31 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



415.122.033.455

338881

338881

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Madison</u> (b) City <u>Rexburg</u> (c) Street Address or R.F.D. No. <u>Three</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: IN THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Madison</u> (c) City <u>Rexburg</u> (d) Street Address or R.F.D. No. <u>Three</u> (e) How long has MOTHER lived in Idaho? <u>20</u> yrs.	
---	--	---	--

4. FULL NAME OF CHILD <u>Worth W. Daniels</u>		5. Date of Birth of Child (Month, day, year) <u>2/22/1910</u>	
6. Sex <u>M</u>	7. Twin or Triplet _____	8. No. months of Pregnancy _____	9. Legitimate? _____

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Theodore A. Daniels</u>		16. FULL MAIDEN NAME <u>Isabelle Maude Meeley</u>	
11. Color <u>White</u>	12. Age at time of THIS birth <u>31</u> yrs.	17. Color <u>White</u>	18. Age at time of THIS birth <u>29</u> yrs.
13. Birthplace <u>Uintah</u> <u>Utah</u> (City or town) (State or foreign country)		19. Birthplace <u>Bear River</u> <u>Utah</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Machinist</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business _____		21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 4th (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)
25. Attendant's OWN signature _____ **M.D.** _____ **Midwife** _____ **Address** _____ **Date** _____

State of Idaho County of Madison } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that Dr. R. S. & Nyde, who attended this birth deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Mrs. Frank Daniels P. O. Address Rexburg #1 Idaho
 Subscribed and sworn to before me this 28 day of March, 1942.
 (SEAL) Chas. Seaver Notary Public, residing at Rexburg, Idaho
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

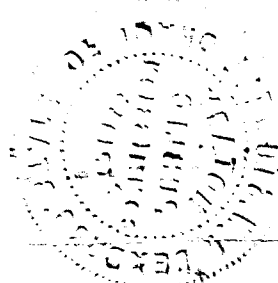
Received for filing on APR 2 1942 by Mary E. Elder, Registrar.

APR 2 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

~~Where the birth~~ of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



846-115-001-299

338891

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Palatine apt.
(d) Name of Hospital or Maternity Home St. Luke's Hospital
(e) Mother's stay BEFORE delivery:
IN THIS county years 26 months 30 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Palatine apt.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Boise

4. FULL NAME OF CHILD

John Bruner Huff

6. Sex

male

7. Twin or Triplet

If so, born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

5. Date of Birth of Child, (Month, day, year) Sept 15 1910

FATHER OF CHILD

10. FULL NAME Fred Reed Huff
11. Color white 12. Age at time of THIS birth 25 yrs.
13. Birthplace Frankfort Kansas
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Bruner
17. Color white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Worton Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child.....2 (b) Born alive and now living.....1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

25. Attendant's OWN signature

M.D. Midwife

Address

Date

State of.....IDAHO ss.
County of.....Gooding

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4, above, that I am now.....55.....years of age, that I have known this person for.....32.....years, and that.....John Bruner....., who attended this birth.....deceased..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Bruner Huff Signature
Bliss, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of March, 19 42.

(SEAL)

Notary Public, residing at Wendell, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

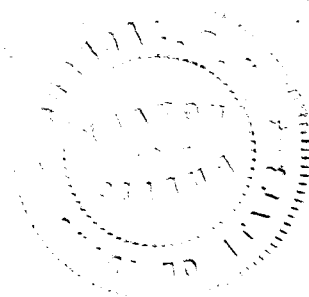
Received for filing on.....MAR 30 1942.....by.....Mary E. Keeler....., Registrar.

APK 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

815-110-073-155

338904

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Madison (b) City Thornton
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 8 years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Thornton
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 8 3/4 yrs.

4. **FULL NAME OF CHILD** Leonard Leroy Hansen

5. Date of Birth of Child
(Month, day, year) March 10, 1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hans M. Hansen
11. Color white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Hjorin Denmark, Europe
(City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Jensen
17. Color white 18. Age at time of THIS birth 30 yrs.
19. Birthplace Redman, Utah
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... 3 (b) Born alive and now living..... 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 11 P.M. on the date March 10, 1910
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Hans M. Hansen, who is related to this child as father
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature Hans M. Hansen M.D. Midwife Address Date

State of Idaho Madison ss.
County of

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 5 years, and that Dr. George Hyde, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 28th day of March, 1912
(SEAL) W. B. Jewell Notary Public, residing at Rexburg, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

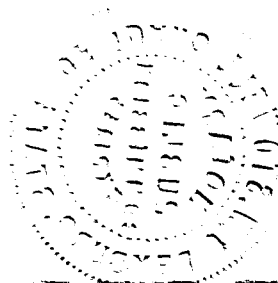
Received for filing on MAR 30 1912 by Mary E. Keeler, Registrar.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



292-219-040-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338919**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.

4. FULL NAME OF CHILD Bertha Belle Bishop

3. RESIDENCE OF FATHER (city, state) Wardner, Idaho
5. Date of Birth of Child
(Month, day, year) Sept. 19, 1910

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME William Harold Bishop
11. Color White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Liberty Kansas
(City or town) (State or foreign country)
14. Exact Occupation Minor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nora Clarendia Berry
17. Color White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Maysville Missouri
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date
State of New Mexico City of Santa Fe } ss.
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 1 above, that I am now 62 years of age, that I have known this person for life years, and that Dr. Mason, who attended this birth cannot be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora Clarendia Bishop Signature
Santa Fe, New Mexico P. O. Address

Subscribed and sworn to before me this 28th day of March, 1942.
(SEAL) N. H. Barrett Notary Public, residing at Santa Fe, New Mex.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

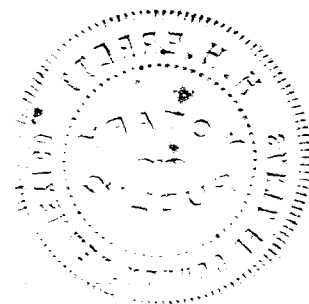
Received for filing on MAR 30 1942 by Mary K. E. E. E. Registrar.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

896-128042-731

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

- STATE OF IDAHO MAR-19 1942

State File No. 338925

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Idaho (b) City File

(c) Street Address or R.F.D. No. 270

(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. _____ days.

In THIS county _____ years _____ months _____ days.

4. FULL NAME OF CHILD

William Brown

6. Sex

male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Frank Brown

11. Color or Race

W.

12. Age at time of THIS birth 39 yrs.

13. Birthplace

Illinois

(City or Town)

(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MARRIED NAME

Florence M. Glasgow

17. Color or Race

W.

18. Age at time of THIS birth 36 yrs.

19. Birthplace

Iowa

(City or Town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

Agno 3 190

23. Number of children of this mother: (a) At time of birth and including this child 3

(b) Born alive and now living 3

(c) Born alive and now dead

(d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Florence Brown, who is (First name) (Last name)

related to this child as Mother

(Mother, etc.)

MAR 30 1942

26. (a)

(Date received)

(b) Mar 26 1942

(Registrar's signature)

27. Given name added on _____ by _____

(Registrar's Signature)

25. Attendant's

OWN signature

A. A. Newberry M.D.

(D.O., Midwife, etc.)

and address

Filen Ida

Date Oct 21/1910

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT
(Not for certified copies)

- | | |
|--|--|
| (a) Pregnancy: Complications of.....
.....
..... | (d) Did baby have any:

(1) Congenital Malformation?.....
Describe: |
| (b) Labor: Complications:
.....
..... Induced?.....
..... | (2) Birth Injury?
Describe:

(3) Was mother given a Wasserman before delivery?
..... |
| (c) Was there an operation for delivery?.....
State all operations:.....
..... | (4) Signature of Physician:
..... |

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Secure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338948**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **Bannock** (b) City **Pocatello**
(c) Street Address or R.F.D. No. **North Arthur St.**
(d) Name of Hospital or Maternity Home: **Home**
(e) Mother's stay **BEFORE** delivery:
IN THIS county years **9** months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **Idaho** (b) County **Bannock**
(c) City **Pocatello**
(d) Street Address or R.F.D. No. **North Arthur St.**
(e) How long has **MOTHER** lived in Idaho? **9 months**
3. **RESIDENCE OF FATHER** (city, state) **Pocatello, Idaho**

4. **FULL NAME OF CHILD** **Lily Mae Sidney**

5. Date of Birth of Child
(Month, day, year) **May 22, 1910**

6. Sex **Female** 7. Twin or Triplet **Triplet** If so—born 1st, 2nd, 3rd **1st** 8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD

10. **FULL NAME** **Paul Sidney**
11. Color **White** 12. Age at time of THIS birth **31** yrs.
13. Birthplace **New England, England**
(City or town) (State or foreign country)
14. Exact Occupation **Car inspector**
15. Industry or Business **Car inspector**

MOTHER OF CHILD

16. **FULL MAIDEN NAME** **Lily Maud Wright**
17. Color **White** 18. Age at time of THIS birth **21** yrs.
19. Birthplace **West Mersea, Essex, England**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature **M.D.** Address Date
Midwife
State of **Montana** } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of **Deer Lodge**

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4, above, that I am now **53** years of age, that I have known this person **since May 22, 1910**, and that **Dr. O. Steeley** (Last name), who attended this birth **is now deceased** (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this **26th** day of **February**, 19 **42**. **Montana**
(SEAL) **Notary Public, residing at Anaconda**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **MAR 26 1942** by **Registrar**

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

634-127-003291

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338955**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grace, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Gracemans, Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.

4. FULL NAME OF CHILD Percy Kenneth Olund

3. RESIDENCE OF FATHER (city, state) Grace, Idaho
5. Date of Birth of Child
(Month, day, year) July 27, 1910

6. Sex M 7. Twin or Triplet No If so—born 1st, 2nd, 3rd - 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Jylus Olund
11. Color Swede 12. Age at time of THIS birth 22 yrs.
13. Birthplace Sweden
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Farming

MOTHER OF CHILD
16. FULL MAIDEN NAME Mary Matilda Kraus
17. Color M 18. Age at time of THIS birth 18 yrs.
19. Birthplace Providence, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 2 A. M. on the date 3-5-42
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mary M. Kraus Olund, who is related to this child as Mother
(First name) (Last name)

25. Attendant's OWN signature Ellis Kackley M.D. Midwife Address Soda Springs, Ida. Date 3-5-42

State of } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this day of, 19.....

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1942 by Mary M. Kraus, Registrar.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 130, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-223-014-251

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338959**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Canyon</u> (b) City <u>Payette</u> (c) Street Address or R.F.D. No. <u>in country</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: IN THIS county <u>14</u> years <u>9</u> months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Payette</u> (c) City <u>on farm, in country</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>14</u> yrs.	
4. FULL NAME OF CHILD <u>Avey Adelle Holmes</u>		3. RESIDENCE OF FATHER (city, state) <u>same</u> 5. Date of Birth of Child (Month, day, year) <u>Mar. 23, 1910</u>	
6. Sex <u>Female</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>George Oliver Holmes</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>49</u> yrs. 13. Birthplace <u>Hoopston, Illinois</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farming</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Estella Beath</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>34</u> yrs. 19. Birthplace <u>Roseberg, Oregon</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Farming</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>2% Silver Nitrate</u>		23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>9</u>	

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Midwife** _____ **Address** _____ **Date** _____
 State of California **State of** Los Angeles **City of** Los Angeles } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 32 years, and that Dr. O. H. Avey, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie J. Klinefelter Signature
437 E. 129 St. Los Angeles, Calif. P.O. Address

Subscribed and sworn to before me this 25th day of March, 1942
 (SEAL) Louis A. Lattimer Notary Public, residing at Los Angeles, Cal.
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.) My Commission Expires February 25, 1946

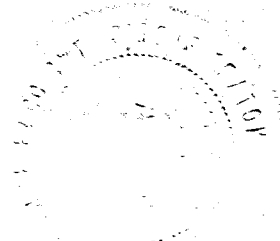
Received for filing on MAR 30 1942 by Mabel E. Fisher Registrar.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

469-129-011-286

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

338978
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Boundary</u> (b) City <u>Naples</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>20</u> years <u>5</u> months <u>24</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Boundary</u> (c) City <u>Naples</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>1</u> yrs.	
4. FULL NAME OF CHILD <u>John Archie Morice</u>		5. Date of Birth of Child (Month, day, year) <u>Nov. 29, 1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>0</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>John Allen Morice</u>		16. FULL MAIDEN NAME <u>VIOLET MAE Browning</u>	
11. Color or Race <u>English</u>	12. Age at time of THIS birth <u>22</u> yrs.	17. Color or Race <u>Scot. Irish</u>	18. Age at time of THIS birth <u>20</u> yrs.
13. Birthplace <u>Ontario, Canada</u> (City or town) (State or foreign country)		19. Birthplace <u>Shelby, Mo.</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>House Wife</u>	
15. Industry or Business <u>Diversified Farm</u>		21. Industry or Business <u>Home</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10⁰⁰ M. on the date _____ (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by VIOLET MAE NELSON who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____
Midwife

State of _____ County of _____ } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 31 years, and that Charles Phillips who attended this birth can not be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 9th day of March, 1911
(SEAL) _____ Notary Public, residing at Mullan, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Marj Keeler Registrar.

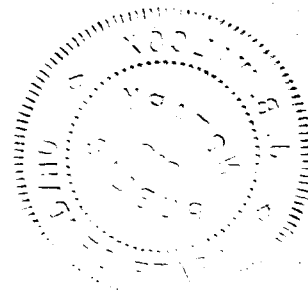
APR

1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



117-124 DD-366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **338985**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County... Ada (b) City... Boise
(c) Street Address or R.F.D. No. 211. Washington St
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State... Idaho (b) County... Boise
(c) City... Centerville
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Centerville Id

4. FULL NAME OF CHILD

Harold Townsend Jagers

5. Date of Birth of Child

(Month, day, year) May 24, 1910

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Harold Jagers

11. Color White 12. Age at time
or Race... of THIS birth 27 yrs.

13. Birthplace Bozeman, Montana
(City or town) (State or foreign country)

14. Exact Occupation Placer Mining

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Beatrice Knight Townsend

17. Color White 18. Age at time
or Race... of THIS birth 24 yrs.

19. Birthplace Yorktown Penn
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known - L.O. 9/10, 12/6

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 11 A. M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Beatrice Jagers, who is
related to this child as mother
(First name) (Last name)

25. Attendant's

OWN signature

John Back
(Mother, etc.)

M.D.

Midwife

Address

Boise Ida

Date 3-24-42

State of Montana
County of Lewis & Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
(Mother, etc.)

in Item 4, above, that I am now 55 years of age, that I have known this person for 31 years, and that
Dr. John Beck, who attended this birth cannot be located. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 14th day of March, 1942

(SEAL)

Notary Public, residing at Helena, Mont.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. exp. 4/20/43

Received for filing on

MAR 27 1942

by

Mar E. Eber

Registrar.

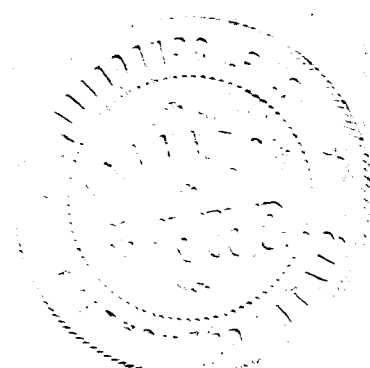
AUG 10 1965

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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847-102-009275

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339036**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bonner</u> (b) City <u>Sandpoint</u> (c) Street Address or R.F.D. No. <u>at</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: IN THIS county <u>3</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State: _____ (b) County: _____ (c) City: _____ (d) Street Address or R.F.D. No.: _____ (e) How long has MOTHER lived in Idaho? _____ yrs.	
4. FULL NAME OF CHILD <u>Frank Andrew Hughes</u>		5. Date of Birth of Child (Month, day, year) <u>Mar 2 - 1910</u>	
6. Sex <u>Male</u>	7. Twin or _____ If so - born _____ <u>Triplet</u> <u>1st, 2nd, 3rd</u>	8. No. months of Pregnancy _____	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Patrick John Hughes</u>		16. FULL MAIDEN NAME <u>Sandice Spencer</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>27</u> yrs.		18. Age at time of THIS birth <u>30</u> yrs.	
13. Birthplace <u>Dublin Ireland</u> (City or town) (State or foreign country)		19. Birthplace <u>Harrisville Michigan</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Electrician</u>		20. Exact Occupation _____	
15. Industry or Business _____		21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum: _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** _____ **M.D.** _____ **Address** _____ **Date** _____
State of Idaho County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that Dr. Warner, who attended this birth, _____ I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Sandice Spencer Hughes Griffin Signature
7518 SE Milwaukee Ave. Portland, Oregon P. O. Address

Subscribed and sworn to before me this 28th day of March, 1942
(SEAL) Ad. Newman Notary Public, residing at Portland Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
May 2 - 1942

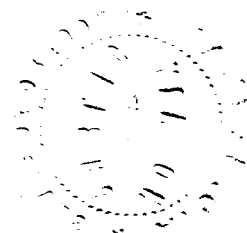
Received for filing on MAR 30 1942 by Mar 26 1942 Registrar.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 12, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

231-131-204249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339046**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 16 yrs

3. RESIDENCE OF FATHER (city, state) Montpelier, Idaho

4. FULL NAME OF CHILD

LAURENCE GEORGE BLANK

5. Date of Birth of Child

(Month, day, year) DEC. 31-1940

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Raymond Blank
11. Color White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Philadelphia Penna.
(City or town) (State or foreign country)
14. Exact Occupation P.R. Brakeman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Blanche Louise Burke
17. Color White 18. Age at time of THIS birth 35 yrs.
19. Birthplace North Platte Neb.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at Montpelier, Idaho on the date Mar 24, 1942
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Blanche Burke (Blanch) who is related to this child as No. 1
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature A. H. Huggins

M.D.
Midwife

Address Montpelier, Idaho Date Mar 24, 1942

State of Idaho ss.
County of Bear Lake

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 31 years, and that

....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on..... by Marj E. Egan, Registrar.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141-113-016-263

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

339068

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
✓(c) Street Address or R.F.D. No. #2
(d) Name of Hospital or Maternity Home: at home
✓(e) Mother's stay BEFORE delivery: 8 years 9 months 28 days
IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
✓(d) Street Address or R.F.D. No. 2
✓(e) How long has MOTHER lived in Idaho? 8 yrs.
3. RESIDENCE OF FATHER (city, state) Oakley, Ida.

4. FULL NAME OF CHILD Ellsworth Adams

5. Date of Birth of Child
(Month, day, year) Nov. 13, 1910

6. Sex Male 7. Twin or Single If so—born 8. No. months 9. Legitimate? Yes
Triplet 1st, 2nd, 3rd of Pregnancy

FATHER OF CHILD
10. FULL NAME George Adams
11. Color white 12. Age at time of THIS birth 46 yrs.
13. Birthplace Joelet, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD
16. FULL MAIDEN NAME Sarah Sotolso n
17. Color white 18. Age at time of THIS birth 32 yrs.
19. Birthplace Keywood, England
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Domestic

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Cassia

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4, above, that I am now 63 years of age, that I have known this person for 22 3/4 years, and that
Doris Crank who attended this birth Deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Mrs. Sarah Adams Signature
Oakley, Idaho P. O. Address

Subscribed and sworn to before me this 24 day of Feb, 1942
(SEAL) E. J. Larson Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by Marl H. [Signature] Registrar.

Notary Public in and for the State of Idaho
Residing in Oakley, Cassia County, Idaho
My commission expires Jan. 6, 1945

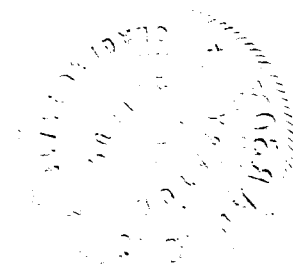
APR 1 1942

9 questions to be completed
1-2-22
2-2-22
3-
1-4-
1-3-
1-8-
1-9-

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

639-113-029-266

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339073**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Carithers Hospital</u> (e) Mother's stay BEFORE delivery: <u>IN THIS county</u> <u>18</u> years <u>7</u> months <u>5</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Moscow</u> (d) Street Address or R.F.D. No. <u>Adams St.</u> (e) How long has MOTHER lived in Idaho? <u>18</u> yrs.	
4. FULL NAME OF CHILD <u>Alfred Arthur Flint</u>		5. Date of Birth of Child (Month, day, year) <u>Mar. 13, 1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>Triplet</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Arthur John Flint</u>		16. FULL MAIDEN NAME <u>Rosa Booher</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>32</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>22</u> yrs.
13. Birthplace <u>Cedarville, Nebraska</u> (City or town) (State or foreign country)		19. Birthplace <u>Stockton, Kansas</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Meat cutter</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Retail Meat Co.</u>		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 8.00 A. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mrs. Rosa Flint, who is related to this child as Mother.
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____
Midwife

State of _____ ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of _____

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that Dr. Barrows, who attended this birth, Cannot be located. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosa Flint Signature
Philipsburg, Montana P. O. Address

Subscribed and sworn to before me this 23 day of March, 1942
(SEAL) Walter B. Williams Notary Public, residing at Philipsburg, Mont.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) July 15, 1942

Received for filing on MAR 27 1942 by Mary Butler Registrar.

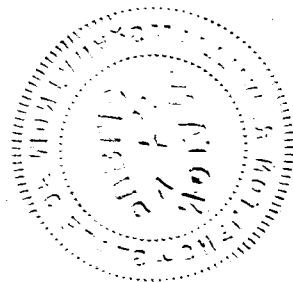
APR 1 1942

JUN 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339079
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boundary (b) City Port Hill
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years 2 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Port Hill
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
3. RESIDENCE OF FATHER (city, state) Port Hill, Idaho

5. Date of Birth of Child
(Month, day, year) July 1, 1910

4. FULL NAME OF CHILD Harold Marvin Olsen
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Ole Olsen
11. Color White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Risor Norway
(City or town) (State or foreign country)
14. Exact Occupation Logger - Cutting ties
15. Industry or Business Logging Camp

MOTHER OF CHILD
16. FULL MAIDEN NAME Laura Josine Larsen
17. Color White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Hitra Norway
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Shonomish } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 31 years, and that don't know Mrs. King who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Josine Anderson Signature
2730 Norton Ave., Everett, Wash. P. O. Address

Subscribed and sworn to before me this 3rd day of March, 1942
(SEAL) Notary Public, residing at Everett, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by Marj E. Egan Registrar.

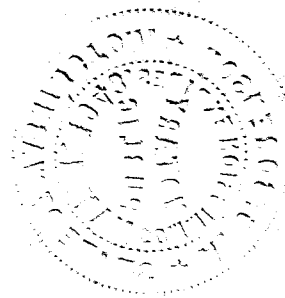
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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

293-127-003-964

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339103**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH
(a) County Bennock (b) City Laga
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bennock
(c) City Laga
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address Laga

4. FULL NAME OF CHILD Clive Ernest Billingsley
6. Sex Boy 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

5. Date of Birth (Month, day, year) Sept. 27, 1910
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Henry J. Billingsley
11. Color or Race white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Paradise Utah
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Myna Rodback
17. Color or Race white 18. Age at time of THIS birth 29 yrs.
19. Birthplace Cedar Fort Utah
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was Clive at 6 E.M. on the date _____ (born alive, stillborn) _____
and at the place stated above, and that personal particulars were furnished by Myna Billingsley, who is related to this child as Mother (First name) (Last name)

26. (a) _____ (Date received) _____ (b) _____ (Registrar's signature)
27. Given name added on _____ by _____ (Name of Registrar)

25. Attendant's OWN signature Myna Billingsley M.D. (D.O. Midwife, etc.)
and address _____ Date _____

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Myna Billingsley being first duly sworn, say that I am the mother of Clive Ernest (Related to (or) acquainted with) _____
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Myna (Name of attendant at birth) _____, who attended said birth deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

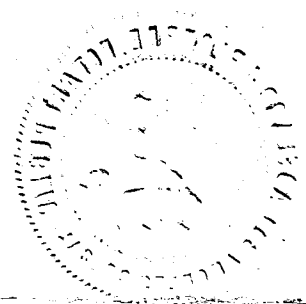
My Commission Expires September 10, 1942
Subscribed and sworn to before me on this 25 day of March, 1942
(SEAL) Adlard J. Tourle Notary Public, residing at 3237 W. Figueroa
Signature _____ P. O. Address _____

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

363-203-209-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339111**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County **Bonner** (b) City **Sandpoint**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **None**
(e) Mother's stay BEFORE delivery:
IN THIS county **4** years **6** months **10** days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State **Idaho** (b) County **Bonner**
(c) City **Sandpoint**
(d) Street Address or R.F.D. No. **R.F.D. 6**
(e) How long has MOTHER lived in Idaho? **6** yrs.
3. RESIDENCE OF FATHER (city, state)
Sandpoint, Idaho.

4. FULL NAME OF CHILD **Ruby Louise Coleman**
6. Sex **Female** 7. Twin or Triplet **no** If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) **Nov. 3, 1910**
8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD
10. FULL NAME **Michael Coleman**
11. Color or Race **white** 12. Age at time of THIS birth **35** yrs.
13. Birthplace **Eureka Kansas**
(City or town) (State or foreign country)
14. Exact Occupation **Farming**
15. Industry or Business **Farming**

MOTHER OF CHILD
16. FULL MAIDEN NAME **Mollie Melinda Mann**
17. Color or Race **white** 18. Age at time of THIS birth **34** yrs.
19. Birthplace **Eureka Kansas**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business **Housewife**

22. Name prophylactic used to prevent Ophthalmia Neonatorum **none**
23. Number of children of this mother: (a) At time of birth and including this child **5** (b) Born alive and now living **5**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **Washington** M.D. **Stevens** Address Date

State of **Washington** } ss.
County of **Stevens**

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4, above, that I am now **66** years of age, that I have known this person for **31** years, and that **Margaret M. Lillie, midwife**, who attended this birth **is deceased**. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mollie M. Coleman Signature
Boys, Washington P. O. Address

Subscribed and sworn to before this **25th** day of **March**, 19**42**.
(SEAL) **John J. Rafter** Notary Public, residing at **Colville**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on **MAR 27 1942** by **Mollie M. Coleman** Registrar.

JAN 27 1955

APP 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

263-109-216-613

339118

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. Oakley P.O.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 9 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. Oakley P.O.
(e) How long has MOTHER lived in Idaho 9 yrs.

4. **FULL NAME OF CHILD** Walter Kisel Bolinder

3. **RESIDENCE OF FATHER** (city, state) Oakley Ida.
5. Date of Birth of Child
(Month, day, year) Sept 21, 1910

6. Sex boy 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months 9 of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** John Louisa Bolinder
11. Color white 12. Age at time of THIS birth 37 yrs.
13. Birthplace Granville Utah
(City or town) (State or foreign country)
14. Exact Occupation Black Smith
15. Industry or Business Black Smith

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Maria Lillian Walter
17. Color white 18. Age at time of THIS birth 26 yrs.
19. Birthplace Oakley Idaho
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature.....M.D. Midwife Address.....Date.....

State of Idaho County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 30 years, and that Dora E. Neilson, who attended this birth Deceased I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1907 Session Laws.

Maria Lillian Bolinder Signature
1028 West 2nd St. Salt Lake City Address

Subscribed and sworn to before me this 27 day of March, 1912
(SEAL) Anna Laura Grogan Notary Public, residing at Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 by Idaho Registrar.

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

718-106-039-613
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

339126
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County POWER (b) City NEELY
(c) Street Address or R.F.D. No. X
(d) Name of Hospital or Maternity Home:
X
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Power
(c) City Neely
(d) Street Address or R.F.D. No. X
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Burton L. Payne
5. Date of Birth of Child
(Month, day, year) 6-6-1910
6. Sex male 7. Twin or Triplet X or so-born 1st, 2nd, 3rd X
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Samuel Latt Payne
11. Color white 12. Age at time of THIS birth 43 yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation farmer & coal
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Malibu Payne
17. Color white 18. Age at time of THIS birth 32 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Address Date

State of Idaho County of Power ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the an acquaintance of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 25 years, and that Dr. R. E. M. Th who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 24th day of March
(SEAL) E. C. Thiele Notary Public, residing at Idaho Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1942 by Mary E. Sullivan Registrar.

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-127-007-465

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339139**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Blaine (b) City Ketchum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Blaine
(c) City Ketchum
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 17 yrs.

4. FULL NAME OF CHILD

Ralph Remington M. Coy

5. Date of Birth of Child

(Month, day, year) Feb. 27, 1910

6. Sex

male

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9 mos. 9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME

James Francis M. Coy

11. Color or Race

white

12. Age at time of THIS birth

36 yrs.

13. Birthplace

Shasta Co. Calif.
(City or town) (State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Rosabell Ann. Monks

17. Color or Race

white

18. Age at time of THIS birth

34 yrs.

19. Birthplace

Beeth Nevada
(City or town) (State or foreign country)

20. Exact Occupation

house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature

M.D. Midwife

Address

Date

State of Idaho } ss.
County of Blaine

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 32 years, and that Dr. Raaf John Raaf, who attended this birth deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 138, 1937 Session Laws.

Mrs. D. L. Morris

Signature

P. O. Address

Subscribed and sworn to before me this 11 day of March, 1942

(SEAL)

J. H. Hensley

Notary Public, residing at Hawley Id.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

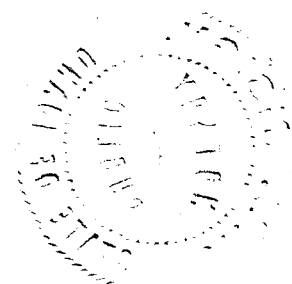
Received for filing on MAR 26 1942 by Mrs. J. H. Hensley, Registrar.

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

765-204-003-715

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

339148
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 life yrs.
3. **RESIDENCE OF FATHER** (city, state) Grace or

4. **FULL NAME OF CHILD** Althea Pond

5. Date of Birth of Child
(Month, day, year) December 4, 1910

6. Sex female 7. Twin or Triplet 8. If so—born 1st, 2nd, 3rd

9. No. months of Pregnancy 9 10. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lewis Sumner Pond
11. Color or Race white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Richmond Utah
(City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Merchant

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Greaves
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Logan Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at A.M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Hattie Greaves Pond, who is related to this child as Mother
(First name) (Last name)
25. Attendant's OWN signature Ellis Kackley M.D.
Midwife Address Soda Springs, Date 1/31/42

State of Idaho } ss.
County of

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that , who attended this birth I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this day of , 1942
(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by Registrar.

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

255-218-001-789

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339171**
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County A.P.A. (b) City Boise
(c) Street Address or R.F.D. No. 1219 North 8th St.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay BEFORE delivery:
IN THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ADA
(c) City Boise
(d) Street Address or R.F.D. No. 1219 N. 8th St.
(e) How long has MOTHER lived in Idaho? 7 yrs.

4. FULL NAME OF CHILD Helen Josephine Bennett
6. Sex Female 7. Twin or Triplet Yes If so—born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) Boise Idaho
5. Date of Birth of Child (Month, day, year) July 18th 1910
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME William Mortimer Bennett
11. Color White 12. Age at time of THIS birth 41 yrs.
13. Birthplace California Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Real Estate

MOTHER OF CHILD
16. FULL MAIDEN NAME Ada Josephine Phillips
17. Color White 18. Age at time of THIS birth 40 yrs.
19. Birthplace Nashville Tennessee
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of CALIFORNIA
County of LOS ANGELES ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

--MOTHER--

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now --73-- years of age, that I have known this person for --33-- years, and that L. S. WILLIAMSON M.D., who attended this birth un-able to locate--- I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Com expires March 25 1945. Ada Josephine Bennett Signature
214 West 88th PL, Los Angeles, California O. Address
30th day of MARCH, 19 42

Subscribed and sworn to before me this..... day of....., 19.....
(SEAL) Notary Public, residing at 153 W 71st
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Los Angeles, Calif.

Received for filing on MAR 31 1942 by Marj Zeller, Registrar.

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 181, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339183**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County..... (b) City Chester.....
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County.....
(c) City Chester.....
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Chester Hiram Bell.....
5. Date of Birth of Child (Month, day, year) April 3, 1910

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd X 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Bruce Bell.....
11. Color or Race White 12. Age at time of THIS birth 43 yrs.
13. Birthplace.....
(City or town) (State or foreign country)
14. Exact Occupation Laborer.....
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Ann Smith.....
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Paradise Utah.....
(City or town) (State or foreign country)
20. Exact Occupation housewife.....
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum..... Do not know
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature..... M.D. Midwife Address Date

State of OREGON City of Columbia } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister.....of the person whose name appears in Item 4, above, that I am now 34.....years of age, that I have known this person for since birth years, and that Do not know....., who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. E. E. Stevenson.....Signature
258 1st Vernon's ave......P. O. Address

Subscribed and sworn to before me this 20th day of March, 19 42
(SEAL) Charles F. Fisher.....Notary Public, residing at Vernonia Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) 3/8-1944

Received for filing on MAR 23 1942 by Mabel E. Fisher Registrar.

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

356-1271022-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339204**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (Now Clark) (a) County <u>Fremont</u> (b) City <u>Small</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. _____ days. In THIS county _____ years _____ month _____ days.	2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Fremont</u> (c) City <u>Small</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>25</u> yrs. (f) Mother's mailing address <u>Small, Idaho</u> 3. RESIDENCE of FATHER (city, state): <u>Small, Idaho</u>
---	---

4. FULL NAME OF CHILD <u>Kenneth Karl Leonardson</u>	5. Date of Birth (Month, day, year) <u>Jan. 27, 1910</u>
6. Sex <u>Male</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Carl F. Leonardson</u>	16. FULL MAIDEN NAME <u>Leah Thomas</u>	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>25</u> yrs.
11. Birthplace <u>Small Idaho</u> (City or town) (State or foreign country)	19. Birthplace <u>Malad Idaho</u> (City or town) (State or foreign country)	12. Age at time of THIS birth <u>24</u> yrs.	20. Exact Occupation <u>Housewife</u>
14. Exact Occupation <u>Farming</u>	21. Industry or Business <u>Farming</u>	15. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living one
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11:35 P.M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) <u>MAR 30 1942</u> (Date received) (b) <u>[Signature]</u> (Mother, etc.) (c) <u>[Signature]</u> (Registrar's signature)	25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) and address _____ Date _____
---	--

27. Given name added on _____ by _____ (Registrar's signature)
State of IDAHO } ss.
County of CLARK

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, LEAH LEONARDSON, being first duly sworn, say that I am Related to Kenneth Karl Leonardson as Mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that W. P. Scroggs, M. D. (Name of attendant at birth) who attended said birth has moved away and address not known and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

[Signature] Signature
Dubois, Idaho P.O. Address

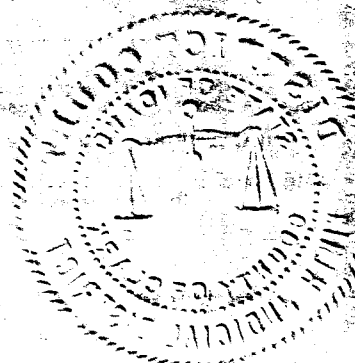
Subscribed and sworn to before me on this 27th day of March, 1942
(SEAL) [Signature] Clerk of the District Court, Clark County, Idaho

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

MAR 31 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

339215

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 638 W. Bridger
(d) Name of Hospital or Maternity Home:
None
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 2 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 638 W. Bridger
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho

5. Date of Birth of Child
(Month, day, year) June 24, 1910

4. FULL NAME OF CHILD

Thomas Stacy Smith

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel Prosser Smith
11. Color White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Hagle Rock, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Coal & Transfer Business Manager
15. Industry or Business Coal & Transfer Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Stacy
17. Color White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Iola, Kansas
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living None

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho ss.
County of Bannock

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 31 years, and that Dr. Francis H. Polle, who attended this birth Cannot Be Located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Stacy Smith Signature
426 South 9th Ave. Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of March, 1942
(SEAL) Donahy & John Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by Mary E. Egan Registrar.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

470627
791-22-500
1113

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

214-1021044-689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339224**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No. Farm
(d) Name of Hospital or Maternity Home:
Born in Home
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No. Farm
(e) How long has MOTHER lived in Idaho? 1 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Cambridge, Ida
5. Date of Birth of Child Oct. 22, 1910
(Month, day, year).....

4. FULL NAME OF CHILD Leotis Claude Saunders

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Walter Silas Saunders
11. Color White 12. Age at time of THIS birth 23 yrs.
13. Birthplace Phelps Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Lizzie Hockett White
17. Color White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Hocketts Montana
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Oregon M.D. Address Date
State of..... County of Baker } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 31 years, and that Dr. Schmitz (First name) (Last name), who attended this birth..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lizzie Hockett Saunders Signature
R. B. Dyer #1, Richland, Oregon. P. O. Address

Subscribed and sworn to before me this 28th day of March, A. D., 1942
(SEAL) John H. Baker Notary Public, residing at Richland, Oregon.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Comm Ex. 8-3-1945

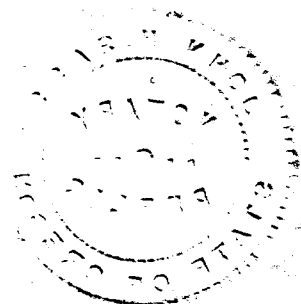
Received for filing on MAR 31 1942 by Martha Baker Registrar.

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 339229
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 3rd Ave East
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months 10 days

4. FULL NAME OF CHILD

Doris Elizabeth Dodd

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Hugh Dodd

11. Color or Race white

12. Age at time of THIS birth 33 yrs.

13. Birthplace Peoria

Illinois
(City or town) (State or foreign country)

14. Exact Occupation farming

15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME

Ida Ellen Humphries

17. Color or Race white

18. Age at time of THIS birth 30 yrs.

19. Birthplace Bosworth

Missouri
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum:

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 1:00 A.M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Ida Dodd, who is related to this child as Mother.
(Mother, etc.) (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife ☒ Address

Date

State of Idaho County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4 above, that I am now 63 years of age, that I have known this person for 32 years, and that Dr. J.R. Morgan, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Dodd Signature
Hollister Idaho P. O. Address

Subscribed and sworn to before me this 26th day of March, 1942

(SEAL)

Clayton Armstrong

Notary Public, residing at Hallsville, Mo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, amended 20-1945)

Received for filing on

MAR 30 1942

by

Mary E. Egan

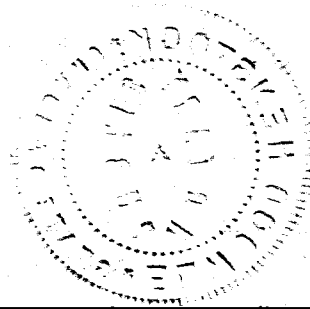
Registrar.

800 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



795-156-005-241

339233

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Luce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: 6 years 6 months 6 days
IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Luce
(c) City 6 miles from Luce
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John Lorenzo Greigs

5. Date of Birth of Child (Month, day, year) 9-26-1910

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME John Greigs
11. Color White 12. Age at time of THIS birth 49 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation miner
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Bertha May Smathers
17. Color White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Oregon City Oregon (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of } ss.
County of

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 56 years, and that Mr. J. Asgett who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 24 day of March 1940
(SEAL) W. E. Singleton Notary Public, residing at Oregon City, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by John H. Keeler Registrar.

NOV 1 1963

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

339250

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child
(Month, day, year) Dec. 10 1910

4. FULL NAME OF CHILD

Dwylah Evelyn Stitt

6. Sex female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Jess Stitt

11. Color white 12. Age at time
or Race of THIS birth 25 yrs.

13. Birthplace Bellevue Idaho
(City or town) (State or foreign country)

14. Exact
Occupation Miner

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Agness Beatrice Miller

17. Color white 18. Age at time
or Race of THIS birth 18 yrs.

19. Birthplace Great Falls Mont.
(City or town) (State or foreign country)

20. Exact
Occupation Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argroyl 5%

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Blaine

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears
in Item 4, above, that I am now 57 years of age, that I have known this person for 30 years, and that

Dr. O. J. Allen, who attended this birth deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Jess Stitt Signature

P. O. Address

Subscribed and sworn to before me this 30th day of March, 1942
(SEAL) Conroy Miller Notary Public, residing at Bellevue, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-912, Idaho Code Annotated.)

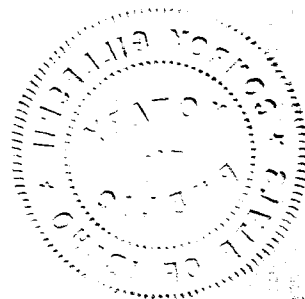
Received for filing on MAR 31 1942 by Mart Steffen Registrar.

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 181, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



459-201-025-756

336805

339265 336805

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Gifford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Gifford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
3. **RESIDENCE OF FATHER** (city, state) Gifford, Ida.

4. **FULL NAME OF CHILD** Letha Vera Derrick
6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) Dec 1, 1910

FATHER OF CHILD
10. **FULL NAME** William H Derrick
11. Color white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Athens Oregon
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Myrtle Dell George
17. Color white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Fountainbleau Mo
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Wheeler

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 31 years, and that Elizabeth Zigler, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wm H Derrick Signature
Fossil, Oregon P. O. Address

Subscribed and sworn to before me this 12 day of March 1942.
(SEAL) Leath Tanner COUNTY CLERK WHEELER CO. IDA
Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1942 by Mary E Elder Registrar.

MAR 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339324**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years <u>3</u> months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>25</u> 11 yrs.	
4. FULL NAME OF CHILD <u>James Henry Cooper</u>		3. RESIDENCE OF FATHER (city, state) <u>Boise Idaho</u> 5. Date of Birth of Child _____ (Month, day, year) <u>Dec 10th 1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>James Walter Cooper</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>25</u> yrs. 13. Birthplace <u>Barber, Cassia Co Idaho</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Barber</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Luise Philleps</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>25</u> yrs. 19. Birthplace <u>Deepcreek Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____
Midwife _____

State of IDAHO } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 31 years, and that Mrs. Lily Draper, who attended this birth is now deceased. I further state that _____
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James W. Cooper Signature
405 Broad, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of April, 1942.
(SEAL) Mary B Edwards Notary Public, residing at Boise, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by Mary B Edwards, Registrar.

APR 9 1942

HTAG

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }
County of Ada } ss.

Certificate No. 339224
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth
(Birth or Death)
for JAMES HENRY COOPER who was born on Dec. 9, 1909,
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Boise, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by knowledge of parents prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name", "Birth Date", "Cause of Death", Etc.) (As on Original) (The Correct Facts)

Date of Birth

Dec. 10, 1910

Dec. 9, 1909

Subscribed and sworn to before me this 9th
day of April, 19 42.

Mary Edwards
Notary Public, residing at Boise, Idaho.

My commission expires Nov. 6, 1944.
(Seal)

Signed Jim W. Cooper
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

405 Broad, Boise, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }
County of Ada } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th
day of April, 19 42.

Mary Edwards
Notary Public, residing at Boise, Idaho.

My commission expires Nov. 6, 1944.
(Seal)

Signed Burrie Cooper
(Signature of Any Credible Person Other than Previous Year)

405 Broad, Boise, Idaho.
(Street Address, City, State)

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ATASO 20 07112

MAY 16 1962

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

415-121-008-867

339407

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County BOISE (b) City PEARLE
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME OF CHILD John ALBERT DANIELSON

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Charles A DANIELSON
11. Color or Race Swede 12. Age at time of THIS birth 45 yrs.
13. Birthplace SWEDEN
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Boise
(c) City PEARLE
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) PEARLE Ida

5. Date of Birth of Child (Month, day, year) March 21 1910

8. No. months of Pregnancy 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Sofia Hollander
17. Color or Race Finish 18. Age at time of THIS birth 33 yrs.
19. Birthplace WASA FINLAND
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Aug 20, 1910

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Mary S Danielson, who is related to this child as.....
(First name) (Last name)

25. Attendant's OWN signature Beverly Glad M.D. Midwife Address Not a doctor Boise Date 3-31-42

State of.....ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that

....., who attended this birth..... I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL).....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by Mary S Danielson, Registrar.

APR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

339408

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lewis (b) City Kamiah
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 3 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Kamiah
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Archie Ernest Berray
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9. Legitimate? yes

5. Date of Birth of Child
(Month, day, year) Feb. 10, 1910

FATHER OF CHILD
10. **FULL NAME** Charles Nathaniel Berray
11. Color white 12. Age at time of THIS birth 28 yrs.
13. Birthplace Salem Oregon
(City or town) (State or foreign country)
14. Exact Occupation carpenter
15. Industry or Business building

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Alice Rosetta Lamb
17. Color white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Dayton, Washington
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature Washington M.D. Address Date
State of Washington County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for life years, and that unknown, who attended this birth cannot be located. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mr Alice Berray Signature
Spanaway, Washington P. O. Address

Subscribed and sworn to before me this 26th day of March, 1942
(SEAL) Walter B. Breseman Notary Public, residing at Spanaway, Wn.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

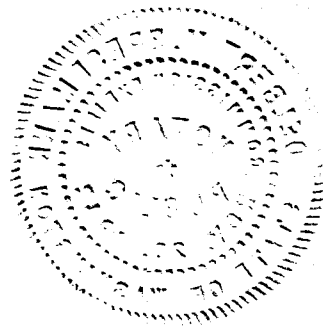
Received for filing on APR 1 1942 by Registrar.

APR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

434-105-044-997

339413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Washington (b) City Meadows
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county years 17 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Washington
(c) City Meadows
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Meadows Idaho

5. Date of Birth of Child

(Month, day, year) February 5, 1910

4. FULL NAME OF CHILD Albert Wright Mc Mahan

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George William Mc Mahan
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Darkey Oregon
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Xenia Bernice Rigdon
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Baker City Oregon
(City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive seven A.M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Xenia Mc Mahan, who is related to this child as Mother
(First name) (Last name)
(Mother, etc.)

25. Attendant's Ella Brumley ~~Midwife~~ Address Meadows Date Idaho 2-28-42
OWN signature

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that

....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by Mabel E. Egan, Registrar.

APR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

355-131-025-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339442**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Brasqueville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: ..
(e) Mother's stay BEFORE delivery:
IN THIS county years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Brasqueville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.

4. FULL NAME OF CHILD

Jack Hamilton Lee

6. Sex Male

7. Twin or Triplet ✓

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Chas. Andrew Lee
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Brasqueville, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Owner & Mgr. Men's Store
15. Industry or Business Clothing & Furniture

MOTHER OF CHILD

16. FULL MAIDEN NAME Lela C. Brown
17. Color White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Morning Star, Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ..

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Do not know
23. Number of children of this mother: (a) At time of birth and including this child, one (b) Born alive and now living: one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Idaho M.D. Idaho Address Idaho Date Idaho
State of Idaho County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 31 years of age, that I have known this person for 31 years, and that Dr. L. S. Strocker, who attended this birth, Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 31st day of March, 1942
(SEAL) Chas. W. Hall Notary Public, residing at Reemston, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by Mary E. Epler Registrar.

APR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

395-112-029-522

339445

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth) (a) County <u>Idaho</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. <u>806 Mabelle Ave</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: IN THIS county <u>10</u> years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Moscow</u> (d) Street Address or R.F.D. No. <u>806 Mabelle Ave</u> (e) How long has MOTHER lived in Idaho? <u>36</u> yrs.	
4. FULL NAME OF CHILD <u>Lewis Austin Lindquist</u>		3. RESIDENCE OF FATHER (city, state) <u>Moscow Idaho</u>	
6. Sex <u>Male</u>		5. Date of Birth of Child (Month, day, year) <u>June 12-1910</u>	
7. Twin or Triplet _____		8. No. months of Pregnancy <u>9 mo.</u>	
9. Legitimate? <u>Yes</u>			
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Andrew John Lindquist</u>		16. FULL MAIDEN NAME <u>Ida Paulina Ekstrand</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>49</u> yrs.		18. Age at time of THIS birth <u>39</u> yrs.	
13. Birthplace <u>Sweden</u> (City or town) _____ (State or foreign country) _____		19. Birthplace <u>Stockholm Sweden</u> (City or town) _____ (State or foreign country) _____	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Farm.</u>		21. Industry or Business <u>None</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Unknown</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> . (b) Born alive and now living <u>—</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Midwife _____ Address _____ Date _____ State of Idaho County of Latah ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 31 years, and that Dr. Carl G. Gritman, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 31 day of March, 1942.
(SEAL) _____ Notary Public, residing at Moscow Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code, Annotated.)
Andrew John Lindquist Signature
806 Mabelle Ave. Moscow Idaho Address

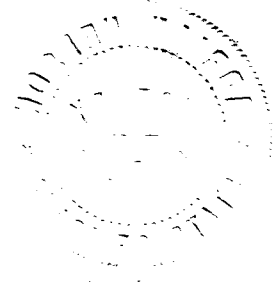
Received for filing on APR 2 1942 by Mary E. E. E. Registrar.

APR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

443-109.009-239

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339492
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Banner (b) City GRANITE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county / years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County Banner
(c) City GRANITE
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 1/2 yrs.

4. FULL NAME OF CHILD ROBERT STILLMAN DULEY

3. RESIDENCE OF FATHER (city, state) GRANITE IDAHO
5. Date of Birth of Child
(Month, day, year) OCTOBER 9, 1910.

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME STEPHEN CHARLES DULEY
11. Color WHITE 12. Age at time of THIS birth 39 yrs.
13. Birthplace SUISEY ENGLAND
(City or town) (State or foreign country)
14. Exact Occupation BOOKKEEPER & TELEGRAPH OPERATOR
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MAY STILLMAN
17. Color WHITE 18. Age at time of THIS birth 32 yrs.
19. Birthplace ROSENDALE WISCONSIN
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Wisconsin County of Milwaukee ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for years, and that Dr. Frank Wenz, who attended this birth cannot be located. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. May Stillman Duley Signature
1259 S. 38 1st St. Milwaukee, WIS. P. O. Address

Subscribed and sworn to before me this 30 day of March 1942
(SEAL) Dr. Frank Wenz Notary Public, residing at Milwaukee
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Notary Public

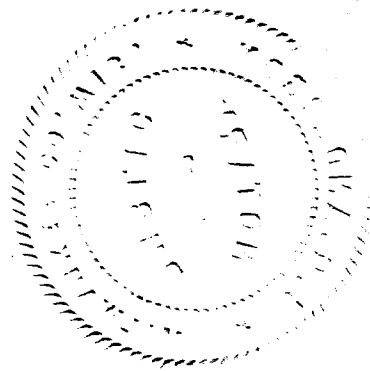
Received for filing on APR 2 1942 by Mail Telephone Milwaukee County, Wisconsin Commission Expires Jan. 1, 1943

APR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

314-2071035-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339495**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. 7th Ave
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county 28 years 9 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 7th Ave
(e) How long has MOTHER lived in Idaho? Two yrs.

4. FULL NAME OF CHILD June Idaho Camp

3. RESIDENCE OF FATHER (city, state) Lewiston Ida.
5. Date of Birth of Child
(Month, day, year) June 7, 1910

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 5th

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edmond Randolph Camp
11. Color White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Macon Co. Illinois
(City or town) (State or foreign country)
14. Exact Occupation Rail road Engineer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Georgia Bell Black
17. Color White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Lewiston Idaho
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho ss.
County of Nez Perce

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 31 years, and that Dr. Phillips, who attended this birth Deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edmond R Camp Signature
303-1st Ave. Lewiston Ida. P.O. Address

Subscribed and sworn to before me this 1st day of April, 1942

(SEAL) J. L. Loraig Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

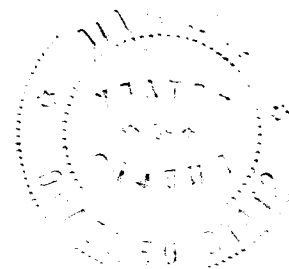
Received for filing on APR 2 1942 by M. J. Steffen Registrar.

APR 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **339504**
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of the birth)

(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years 3 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Nez Perce
(c) City Genesee Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 45 yrs.

3. RESIDENCE OF FATHER (city, state) 34 45 yrs.

4. FULL NAME OF CHILD

Marguerite Morscheck Rosman

6. Sex

female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9 mos

9. Legitimate? yes

10. FULL NAME

William Henry Rosman

11. Color or Race

White

12. Age at time
of THIS birth 32 yrs.

13. Birthplace

Blue Earth
(City or town)

Minnesota
(State or foreign country)

14. Exact Occupation

Farming

15. Industry or Business

Same

16. FULL MAIDEN NAME

Della Morscheck

17. Color or Race

white

18. Age at time
of THIS birth 32 yrs.

19. Birthplace

Hartsburg
(City or town)

Ill.
(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

same

22. Name prophylactic used to prevent Ophthalmia Neonatorum: Arg NO 3

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 1 M. on the date Oct 29, 1940 (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Della Rosman who is related to this child as mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

C. F. Twomey

M.D.

Midwife

Address Van Nuys Calif Date

State of Calif. County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the attendant (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 32 years of age, that I have known this person for 32 years, and that C. F. Twomey (First name) (Last name) who attended this birth. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 29 day of October, 1940

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

APR 2 1942

by

Mabel E. Egan

Registrar.

APR 6 1942

MAR 15 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

866-101-033-993

339507

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
At Residence
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 57 yrs.
3. **RESIDENCE OF FATHER** (city, state) Rexburg, Idaho

4. **FULL NAME OF CHILD** Louis Ricks Howell
5. **Date of Birth of Child**
(Month, day, year) Dec. 1st, 1910
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy Nine 9. Legitimate? Yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|--|---|--|
| 10. FULL NAME <u>Louis G. Howell</u> | | 16. FULL MAIDEN NAME <u>Clara Ricks</u> | |
| 11. Color or Race <u>White</u> | 12. Age at time of THIS birth <u>29</u> yrs. | 17. Color or Race <u>White</u> | 18. Age at time of THIS birth <u>25</u> yrs. |
| 13. Birthplace <u>Rexburg</u>
(City or town) | <u>Idaho</u>
(State or foreign country) | 19. Birthplace <u>Rexburg</u>
(City or town) | <u>Idaho</u>
(State or foreign country) |
| 14. Exact Occupation <u>Farmer</u> | | 20. Exact Occupation <u>Housewife</u> | |
| 15. Industry or Business <u> </u> | | 21. Industry or Business <u> </u> | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... 2 (b) Born alive and now living..... 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that Joseph Walker who attended this birth Cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Howell Signature
Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of March, 19 42

(SEAL) Daniel Ricks Notary Public, residing at Rexburg

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

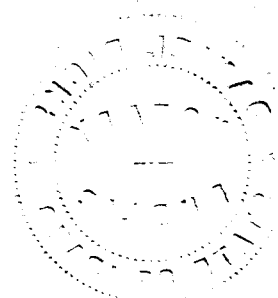
Received for filing on APR 2 1942 by Mabel Fisher Registrar.

APR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



855-149-010-791

339515

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Boiseville</u> (b) City <u>Idaho Falls</u> (c) Street Address or R.F.D. No. <u>West 13th Street</u> (d) Name of Hospital or Maternity Home: <u>Born in Residence</u> (e) Mother's stay BEFORE delivery: <u>4</u> years <u>1</u> months <u>0</u> days IN THIS county		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Utah</u> (b) County <u>Just</u> (c) City <u>Neplia</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>4</u> Months	
4. FULL NAME OF CHILD <u>Lynar Foster Hendrickson</u>		5. Date of Birth of Child (Month, day, year) <u>April 19-1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>John Hendrickson</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>38</u> yrs. 13. Birthplace <u>Idaho</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Live Stock Broker</u> 15. Industry or Business <u>Same</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Harriet Foster Grant</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>37</u> yrs. 19. Birthplace <u>American Fork</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum 23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Utah } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 County of Just }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 68 years of age, that I have known this person for 21-11 years, and that deceased who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Harriet Grant Hendrickson Signature
409 East 8th St. Salt Lake City, Utah P.O. Address
 Subscribed and sworn to before me this 3rd day of March, 1942
W. H. Sear Notary Public, residing at Salt Lake City, Utah
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

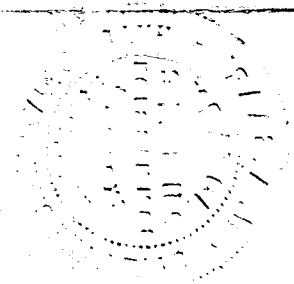
Received for filing on APR 1 1942 by Mabel E. Eber Registrar.

APR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

418-122-036-159

339524

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>ONEIDA</u> (b) City <u>AM. FALLS</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>PRIVATE HOME</u> (e) Mother's stay BEFORE delivery: IN THIS county years <u>4</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>ONEIDA</u> (c) City <u>AMERICAN FALLS</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>4 MO.</u>	
4. FULL NAME OF CHILD <u>GEORGE WASHINGTON MAYER</u>		5. Date of Birth of Child (Month, day, year) <u>2/22, 1910</u>	
6. Sex <u>MALE</u> 7. Twin or <u>SINGLE</u> If so—born <u>1st, 2nd, 3rd</u>		8. No. months of Pregnancy <u>NINE</u> 9. Legitimate? <u>YES</u>	
FATHER OF CHILD 10. FULL NAME <u>GEORGE MAYER</u> 11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>27</u> yrs. 13. Birthplace <u>TRIP S. DAKOTA</u> (City or town) (State or foreign country) 14. Exact Occupation <u>FARMER</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>HELENA MAYERKE</u> 17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth <u>25</u> yrs. 19. Birthplace <u>TINDLE S DAKOTA</u> (City or town) (State or foreign country) 20. Exact Occupation <u>HOUSEWIFE</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature.....**M.D.**.....**Midwife**.....**Address**.....**Date**.....
State of California.....**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of San Diego.....

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that....., who attended this birth.....I further state that.....
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 30 day of March, 1942.
(SEAL) [Signature] Notary Public, residing at Chowchilla Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My Commission Expires May 2, 1943)

Received for filing on APR 1 1942 by [Signature], Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

666-101-514-753

339547

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County.....Canyon..... (b) City.....Wilder.....
(c) Street Address or R.F.D. No.....RFD #2.....
(d) Name of Hospital or Maternity Home:
Farmington Residence
(e) Mother's stay BEFORE delivery:
IN THIS county years *one* months *two* days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State.....Idaho..... (b) County.....Canyon.....
(c) City.....Wilder.....
(d) Street Address or R.F.D. No.....RFD #2.....
(e) How long has MOTHER lived in Idaho? *one* yrs.
3. RESIDENCE OF FATHER (city, state) *Wilder, Idaho*

4. FULL NAME OF CHILD.....Kenneth Theron Wood.....

5. Date of Birth of Child
(Month, day, year) *Feb. 1, 1910*

6. Sex *Male* 7. Twin or Triplet *No* If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy *9* 9. Legitimate? *Yes*

FATHER OF CHILD

10. FULL NAME.....Oliver Franklin Wood.....
11. Color.....White..... 12. Age at time of THIS birth *42* yrs.
13. Birthplace.....New Providence, Iowa.....
(City or town) (State or foreign country)
14. Exact Occupation.....Farmer.....
15. Industry or Business.....Farming.....

MOTHER OF CHILD

16. FULL MAIDEN NAME.....Maggie Agatha Packham.....
17. Color.....White..... 18. Age at time of THIS birth *37* yrs.
19. Birthplace.....Union, Iowa.....
(City or town) (State or foreign country)
20. Exact Occupation.....Housewife.....
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child.....*7*..... (b) Born alive and now living.....*8*.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at *one*.....A.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by *Maggie A. Wood*, who is
related to this child as.....*mother*.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature: *Virginia H. Miller* Address *Caldwell* Date *3/14/42*

State of.....IDAHO.....
County of.....CANYON.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears
in Item 4, above, that I am now.....*69*.....years of age, that I have known this person for.....*32*.....years, and that
Virginia Miller....., who attended this birth.....*Resides Caldwell, Idaho*.....further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Maggie Agatha Wood.....Signature
Wilder, Idaho.....P. O. Address

Subscribed and sworn to before me this.....*14th*.....day of.....*March*....., 19*42*.....
(SEAL) *Thomas Daugherty*.....Notary Public, residing at.....*Wilder, Idaho*.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

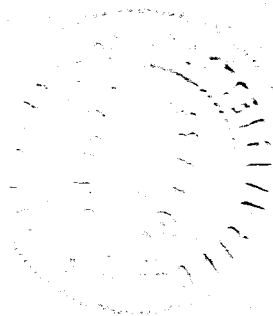
Received for filing on.....*APR 1 1942*.....by.....*Marl Keeler*....., Registrar.

APR 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelopes bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

252-125028-619

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

339548
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur'd Alene
(c) Street Address or R.F.D. No. 804 Garden St
(d) Name of Hospital or Maternity Home:
Own home
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur'd Alene
(d) Street Address or R.F.D. No. 804 Garden
(e) How long has MOTHER lived in Idaho? 34 yrs.
3. RESIDENCE OF FATHER (city, state) Coeur'd Alene, Ida

4. FULL NAME OF CHILD Dwyer Duane Best
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
6. Sex Male

5. Date of Birth of Child
(Month, day, year) February 25, 1910

FATHER OF CHILD
10. FULL NAME William John Best
11. Color White 12. Age at time of THIS birth 49 yrs.
13. Birthplace Van Buren Texas
(City or town) (State or foreign country)
14. Exact Occupation Bandsaw Filer
15. Industry or Business Lumbering

MOTHER OF CHILD
16. FULL MAIDEN NAME Emma Lucatia Wait
17. Color White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Portage Wisconsin
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Kootenai ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 32 years, and that Dr. J. C. Dwyer who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Lucatia Best Signature
822 Garden P. O. Address

Subscribed and sworn to before me this 30 day of March, 1942
My Comm. Expires October 2, 1942 Notary Public, residing at Coeur'd Alene, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

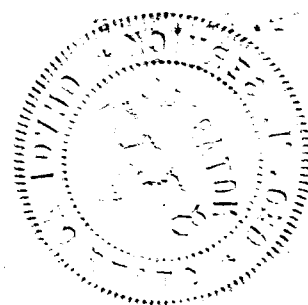
Received for filing on APR 1 1942 by Mabel K. Kifer Registrar.

APR 7 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

142-120-232-

United States
Department of Commerce
Bureau of the Census

Secure the information in as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

339550

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All information of this birth)
(a) County Lincoln City Wendell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Community Home:
OWN Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Wendell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

4. **FULL NAME OF CHILD** Alfred Aus
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state)
5. Date of Birth of Child (Month, day, year) 2/20/10
8. No. months of Pregnancy 7 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Edward K. Aus
11. Color Wh + or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Lanesboro Minn.
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Thora Paulson
17. Color White or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Oslo Norway
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) 5 now alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at Wendell, M. on the date March 24, 1922
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by H. E. Lamb, who is related to this child as (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature H. E. Lamb M.D. Midwife Address Eugene Ore Date March 24, 1922

State of Ore. County of Lincoln ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 32 years, and that Dr. Lamb, who attended this birth, cannot be located. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 24 day of March, 1922
(SEAL) Mrs. E. A. Aus Signature
8579 N. Buchanan Portland, Ore P. O. Address

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Notary Public, residing at Wendell

Received for filing on APR 1 1922 by Mrs. E. A. Aus, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 139, 1937 Session Laws, has not been recorded, or in case of any birth which has occurred subsequent to such report may be received and filed by the local registrar for the Bureau of Vital Statistics for the purposes and uses provided in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

693-110-001-652

339564

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1818 N. 12 St.
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.

4. FULL NAME OF CHILD Tom Chester Wilmot

3. RESIDENCE OF FATHER (city, state) Boise Idaho
5. Date of Birth of Child (Month, day, year) Oct. 10-1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Chas. M. Wilmot
11. Color White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Green Bay Wis.
(City or town) (State or foreign country)
14. Exact Occupation Painter & Paper hanger
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Westrick
17. Color White 18. Age at time of THIS birth 32 yrs.
19. Birthplace German
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon County of Malheur ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 20 years, and that Mrs. Effie Keras, who attended this birth deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Wilmot Alexander Signature
30 E. Salem P. O. Address

Subscribed and sworn to before me this 30 day of March, 1942
(SEAL) W. A. Haskett Notary Public, residing at Salem, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by Marj & Leona Registrar.
My commission expires July 1, 1944

FEB 15 1973

MAY 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-218032-556

339571

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery:
IN THIS county 0 years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
3. **RESIDENCE OF FATHER** (city, state) Shoshone, Idaho

4. **FULL NAME OF CHILD** Edna Loanda Moody
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

5. Date of Birth of Child
(Month, day, year) Nov. 18, 1910

FATHER OF CHILD
10. **FULL NAME** Marquis LaFayette Moody
11. Color White 12. Age at time of THIS birth 49 yrs.
13. Birthplace Texas
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Hannah Adelle Newman
17. Color White 18. Age at time of THIS birth 36 yrs.
19. Birthplace Corinne, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who wasatM. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature Idaho M.D. Address Date
Ada Midwife
State of..... } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of..... }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person since birth years, and that Miss Mary McQuillen, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Hannah Moody Signature
615 N. 12th St., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of April, 1942
(SEAL) Margaret Clark Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by Mary E. Nelson, Registrar.

FEB 6 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339574**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Boise (Valley) City, Crawford now
(c) Street Address or R.F.D. No. Cascade
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
IN THIS county 21 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Crawford, now Cascade
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Merton Alexander Logue
5. Date of Birth of Child
(Month, day, year) 9/4/10
6. Sex male 7. Twin or Triplet Yes If so—born 1st, 2nd, 3rd 1st 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Thomas E. Logue
11. Color white 12. Age at time of THIS birth 40 yrs.
13. Birthplace Logue Pennsylvania
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Winnie Dexter
17. Color white 18. Age at time of THIS birth 33 yrs.
19. Birthplace Cambridge, Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 5:30 A. M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Winnie D. Logue, who is related to this child as mother.
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Phylla E. Patterson ~~Midwife~~ Address Cascade, Idaho Date 3/23/42

State of _____ ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of _____

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth _____ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
(First name) (Last name) (Is now deceased) or (Cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____.

(SEAL)

Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by May 26 1942, Registrar.

APR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

339585

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County...Freemont..... (b) City...Wilford.....
(c) Street Address or R.F.D. No...None.....
(d) Name of Hospital or Maternity Home:
child born at home
(e) Mother's stay BEFORE delivery:
IN THIS county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State...Idaho..... (b) County...Freemont.....
(c) City...Wilford.....
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?...12.....yrs.

3. RESIDENCE OF FATHER (city, state) Idaho**4. FULL NAME OF CHILD**Leslie Wayne Burrell6. Sex M7. Twin or
TripletIf so—born
1st, 2nd, 3rd8. No. months
of Pregnancy 99. Legitimate? yes

5. Date of Birth of Child

(Month, day, year) April 1st 1910**FATHER OF CHILD**10. FULL NAME George Amos Burrell

11. Color White 12. Age at time
or Race..... of THIS birth 28.....yrs.
13. Birthplace...Richmond Utah
(City or town) (State or foreign country)

14. Exact Occupation Ranching mostly
15. Industry or Business same

MOTHER OF CHILD16. FULL MAIDEN NAME Eve Barton

17. Color White 18. Age at time
or Race..... of THIS birth 26.....yrs.
19. Birthplace...Kaysville Utah
(City or town) (State or foreign country)

20. Exact Occupation housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child...3..... (b) Born alive and now living...6.....**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of...Montana.....
County of...Lake.....} ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....father.....of the person whose name appears
in Item 4, above, that I am now...57.....years of age, that I have known this person for...32.....years, and that
.....Dr. Hummell....., who attended this birth...is deceased..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

George Amos Burrell.....Signature
Folsom, Montana.....P. O. Address

Subscribed and sworn to before me this 30st day of March, 1942..

(SEAL)

Notary Public, residing at Folsom, Montana..

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 3 1942 by Marj B. Burrell, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

791-) 21-0 14-289

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339593**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years 8 months days

4. FULL NAME OF CHILD

Thomas Richard Graham

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No. 1

(e) How long has MOTHER lived in Idaho? 8 mo. yrs.

3. RESIDENCE OF FATHER (city, state) Payette Idaho

5. Date of Birth of Child (Month, day, year) 8/21/1910

FATHER OF CHILD

10. FULL NAME Robert Paul Graham

11. Color white 12. Age at time of THIS birth 26 yrs.

13. Birthplace Centerville Mo.
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lorne Birdsell

17. Color white 18. Age at time of THIS birth 21 yrs.

19. Birthplace Harrisonville Mo.
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 11 40 M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Lorne Graham who is related to this child as mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Missouri } ss.
County of Jackson

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 31 years, and that

she (First name) Prinzinger (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lorne Birdsell Graham Signature

5610005 P. O. Address

Subscribed and sworn to before me this 5th day of March, 1942

(SEAL) Ethel E. Harrison Notary Public, residing at 10311 Van Horn St

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) July 25-11-45

Received for filing on APR 4 1942 by Mary E. Greer Registrar.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

316-231-009-148

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

339621

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County BONNEV (b) City Cocolla
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County BONNEV
(c) City Cocolla
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

4. **FULL NAME OF CHILD** Martha Ellen La Fore
6. Sex F 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Cocolla Idaho
5. Date of Birth of Child (Month, day, year) July 31-1910
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** John Amos La Fore
11. Color White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Fond Du Lac Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation (Deceased)
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Nell Judkins
17. Color White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Marinette Wisconsin
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living Y.E. 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 11 A.M. on the date (Born alive, ~~stillborn~~)
and at the place stated above, and that personal particulars were furnished by Dr. Smith, who is related to this child as (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature Julia Vigue M.D. Midwife Address Opportunity Date Mar 12
State of Idaho County of ss **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name) (Is now deceased) or (Cannot be located) who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address
Subscribed and sworn to before me this day of 19.....
(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 3 1942 by Marj E. Fisher Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires in advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339632**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. Jackson Street
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
IN THIS county 0 years 1 months 19 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. Jackson St.
from 12/3/09 to present date
(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Jesse Elee Seiber

6. Sex Male 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) Jan 22 1910

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Myatt Seiber
11. Color White 12. Age at time of THIS birth 18 1/2 yrs.
13. Birthplace Willow Sprgs Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah E. Murray
17. Color White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Litchfield Nebraska
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father and of the person whose name appears in Item 4, above, that I am now 50 yrs years of age, that I have known this person for 32 years, and that Walter F. Pike MD who attended this birth cannot be located I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws

John Myatt Seiber (father) Sarah E. Seiber (mother) Signature
Pt #3. Jefferson St. Twin Falls Ida P.O. Address

Subscribed and sworn to before me this 3 day of March, 1942
(SEAL) [Signature] Notary Public, residing at Twin Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by Marl Seiber Registrar.

APR 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

339646

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county 8 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 39 yrs.

3. RESIDENCE OF FATHER (city, state) deceased

5. Date of Birth of Child
(Month, day, year) Dec. 1 - 1910

4. FULL NAME OF CHILD Ida Lillian Wicks

6. Sex female 7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy — 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Ransome Wicks
11. Color white 12. Age at time of THIS birth 45 yrs.
13. Birthplace Buffalo New York
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or —

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella May Sherman
17. Color white 18. Age at time of THIS birth 44 yrs.
19. Birthplace New Brunswick Illinois
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business —

The mark of
Mrs Ella Stewart X her mark

Witnessed by

Laura Bennett Midvale Idaho

Ada Bennett Wicks Midvale Idaho

State of Idaho } ss.
County of Washington

I, the undersigned, being first duly sworn, say that I am the Midwife of the person whose name appears in Item 4, above, that I am now 95 years of age, that I have known this person for 31 years, and that Mrs Ella Stewart who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Boric acid
including this child — (b) Born alive and now living 7
CERTIFICATE

who was born alive 9 P.M. M. on the date
(Born alive, stillborn)
were furnished by Mrs Ella Stewart, who is
(First name) (Last name)

Address Midvale Idaho Date 3-21-1942

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

Subscribed and sworn to before me this 21 day of March, 1942..

(SEAL)

Notary Public, residing at Midvale Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

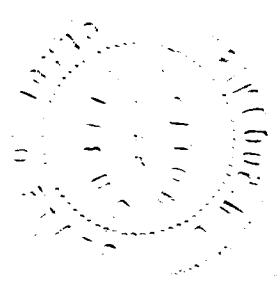
Received for filing on MAR 26 1942 by Mary E. Fisher Registrar.

APR 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



867-120-006-792

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **339668**

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County <u>Bingham</u> (b) City <u>Blackfoot</u> (c) Street Address or R.F.D. No. <u>Cor. University & Parents' home</u> (d) Name of Hospital or Maternity Home: <u>Court Streets</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county <u>40</u> years month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Blackfoot</u> <u>Court Sts.</u> (d) Street Address or R.F.D. No. <u>Cor. University & Parents' home</u> (e) How long has MOTHER lived in Idaho? <u>40</u> yrs. (f) Mother's mailing address <u>Blackfoot, Idaho</u>	
4. FULL NAME OF CHILD <u>Russell Gibson Hopkins</u>		5. Date of Birth (Month, day, year) <u>Aug. 20, 1910</u>	
6. Sex <u>male</u>	7. Twin or Triplet <u>no</u>	If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>9</u>
		9. Legitimate? <u>yes</u>	

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Baxter White Hopkins</u>		16. FULL MAIDEN NAME <u>Florabelle Gibson</u>	
11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>41</u> yrs.		17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>32</u> yrs.	
13. Birthplace <u>Memphis, Tennessee</u> (City or town) (State or foreign country)		19. Birthplace <u>Ord, Nebraska</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Butcher</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Butcher</u>		21. Industry or Business <u>Housekeeping</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead NONE (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 2:00 A. M. on the date APR 2 1942 and at the place stated above, and that personal particulars were furnished by Baxter White Hopkins, who is related to this child as Father (First name) (Last name)

26. (a) APR 2 1942 (Date received) (b) [Signature] (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature: [Signature] M.D. [Signature] (D.O., Midwife, etc.)
and address Blackfoot, Idaho Date 3/31/42

State of Idaho } ss.
County of Bingham

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Baxter White Hopkins, being first duly sworn, say that I am acquainted (Related to (or) acquainted with) Father, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

(Name of person on certificate above) (State relationship or acquaintance)

(Name of attendant at birth)

Signature Baxter W. Hopkins
P. O. Address _____

Subscribed and sworn to before me on this 1 day of April, 1942
(SEAL) Lois Felt Notary Public, residing at Blackfoot Idaho

APR 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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296-108-022-239

1. PLACE OF BIRTH
 County of Fremont
 City of Ashton
 No. Idaho St.

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

339670

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) _____
 Prior Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Andrew Edwin Brathen

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature ✓ 7. Legitimate? Yes 8. Date of birth Nov 8, 1910
 { 5. Number, in order of birth _____ Full term _____ (Month, Day, Year)

9. Full name FATHER Olle A. Brathen 18. Full maiden name MOTHER Miriam K. Atinemat
 10. Residence (usual place of abode) _____ 19. Residence (usual place of abode) _____
 (If non-resident, give place and State) _____ (If non-resident, give place and State) _____

11. Color or race White 12. Age at last birthday 29 (years) 20. Color or race White 21. Age at last birthday 29 (years)

13. Birthplace (city or place) Tolide 22. Birthplace (city or place) King City
 (State or Country) Norway (State or Country) Missouri

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chamaceux 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Teacher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 9 yrs. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 9 yrs 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 7 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child) 2
 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born at 7:30 AM on the date above stated.
 (Born Alive or Stillborn)

(Signed) E. J. Hargis, M. D.

or _____, Midwife

Address Ashton, Idaho

Filed APR 3 1942, 193 Malet Registrar.

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report.

(Date of)

M V 27 1942

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

689-125-035-689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339672**
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nezperce (b) City Pick
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Pick
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 52 yrs.

4. FULL NAME OF CHILD Franklin Theodore Whitted

3. RESIDENCE OF FATHER (city, state) Orford, Ida
5. Date of Birth of Child
(Month, day, year) June 25 - 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9-Mo. 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Raymond James Whitted
11. Color White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Geneva, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business +

MOTHER OF CHILD
16. FULL MAIDEN NAME Mauda A White
17. Color White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Moscow, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon County of Laurel ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 52 years, and that Dr. J. J. Douglas, who attended this birth in 1910, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires Mar 13, 1935

Subscribed and sworn to before me this 1st day of April, 19 42
Warren A. Edward Notary Public, residing at Culp Creek, Ore.
(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

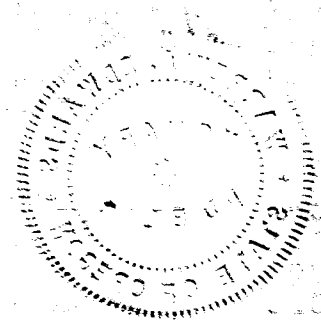
Received for filing on APR 4 1942 by Mary E. E. E. Registrar.

APR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339743**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County AMAR (b) City Soldier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Gooding
(c) City Gooding
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Byron Wayne Mink

5. Date of Birth of Child
(Month, day, year) Apr-28-1910

6. Sex

Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Leater Dewitt Mink
11. Color white 12. Age at time of THIS birth 23 yrs.
13. Birthplace Grasson Co. U.S.A.
(City or town) (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edna Vella Woods
17. Color white 18. Age at time of THIS birth 19 yrs.
19. Birthplace Trenton UTAH
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature E. H. Huggins

M.D. Midwife

Address

Date

State of Idaho County of Gooding ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 31 years, and that Dr. E. A. Huggins, who attended this birth cannot be located. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Edna Mink Signature
Gooding Idaho P. O. Address

Subscribed and sworn to before me this 10 day of March, 1942
(SEAL) Glenn B. Patterson Notary Public, residing at Gooding

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 APR 6 by Glenn B. Patterson Registrar.

APR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

959-114-007-195

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339745**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Carey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Carey
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 61 yrs.

4. **FULL NAME OF CHILD** Alden Ray Ivie

3. **RESIDENCE OF FATHER** (city, state) Carey, Idaho
5. Date of Birth of Child
(Month, day, year) Jan. 14, 1910

6. Sex Son 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ray Ivie
11. Color White 12. Age at time of THIS birth 32 yrs.
13. Birthplace McPlesont Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer & Stockraiser
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Ellen Ainsworth
17. Color White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Sublet Idaho
(City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature Idaho M.D. Midwife Address Date

State of Idaho County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 31 years, and that Maude Gile, who attended this birth is now deceased I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 7th day of April, 1942
(SEAL) Glice A. York Notary Public, residing at Carey, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

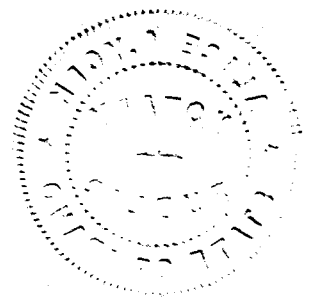
Received for filing on APR 6 1942 by Mary E. ... Registrar.

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

913-227-226-755

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

339751

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Jefferson (b) City Lewisville
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: home

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME OF CHILD

Clara Beatrice Raty

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd X

FATHER OF CHILD

10. FULL NAME Simon Ezekiel Raty
11. Color white 12. Age at time of THIS birth 35 yrs.
13. Birthplace Merrittville, Utah
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Sheep

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Jefferson
(c) City Lewisville
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

5. Date of Birth of Child (Month, day, year) Aug 27, 1900

8. No. months of Pregnancy 9

9. Legitimate?

MOTHER OF CHILD

16. FULL MAIDEN NAME Susan Eliza Penney
17. Color white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Cannonville, Utah
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature

M.D. X Midwife Address Date

State of Montana County of Pondera } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 31 years, and that Neil Ellsworth, who attended this birth deceased, I further state that (First name) (Last name) (is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 12 day of March, 1942

(SEAL)

Connelly Dullman Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

APR 6 1942

by

John J. Egan

Registrar.

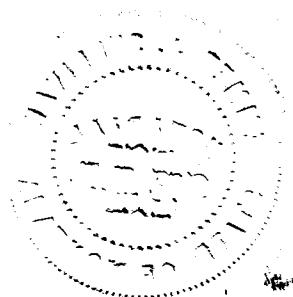
JUL 7 1971

ADD 8 1042

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

553-210-035-613

339826

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Nez Perce</u> (b) City <u>Lenore</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>1</u> years <u>6</u> months <u></u> days	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City <u>Lenore</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.
3. RESIDENCE OF FATHER (city, state)	

4. FULL NAME OF CHILD <u>Adele Marie Nelson</u>	5. Date of Birth of Child (Month, day, year) <u>May 10, 1910</u>
6. Sex <u>Female</u>	7. Twin or Triplet <u></u>
8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>John B. Nelson</u>	16. FULL MAIDEN NAME <u>Mary Jane Walsh</u>		
11. Color or Race <u>white</u>	17. Color or Race <u>white</u>	12. Age at time of THIS birth <u>43</u> yrs.	18. Age at time of THIS birth <u>29</u> yrs.
13. Birthplace <u>Mono County California</u> (City or town) (State or foreign country)	19. Birthplace <u>Evansville Illinois</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Ferry Boat Operator</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business <u>Ferry Boat</u>	21. Industry or Business <u>same</u>		

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's OWN signature Washington Stevens **M.D.** **Midwife** **Address** **Date**

State of.....County of.....} ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 32 years, and that Mrs. Bernquist who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John B. Nelson Signature
Colville, Washington P. O. Address

Subscribed and sworn to before me this 2nd day of April, 1942

(SEAL) John B. Nelson Notary Public, residing at Colville, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by Mary A. [Signature] Registrar.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-129-034-493

339844

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Minidoka</u> (b) City <u>Rupert</u> (c) Street Address or R.F.D. No. <u>Road #1</u> (d) Name of Hospital or Maternity Home: <u>At home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>5</u> years <u>0</u> months <u>0</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Minidoka</u> (c) City <u>Rupert</u> (d) Street Address or R.F.D. No. <u>Road #1</u> (e) How long has MOTHER lived in Idaho? <u>5</u> yrs.	
4. FULL NAME OF CHILD <u>George Brian Dille</u>		3. RESIDENCE OF FATHER (city, state) <u>Rupert, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>August 29, 1909</u>	
6. Sex <u>male</u> Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd <u>no</u>		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Samuel McFarland Dille</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>45</u> yrs. 13. Birthplace <u>Salmon, Idaho</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Raising Farm Produce</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Isabell Jane Milleson</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>39</u> yrs. 19. Birthplace <u>Saline County, Kansas</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Nurse</u> 21. Industry or Business <u>House work and attending sick</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>7</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at Rupert M. on the date Sept 1, 1942 and at the place stated above, and that personal particulars were furnished by Isabell Dille, who is related to this child as Mother (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature _____ **M.D. Midwife Address** _____ **Date** _____

State of Idaho } ss.
County of Minidoka

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 31 years, and that Mrs. Henry Smith, who attended this birth is now deceased. I further state that she facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Isabell Jane Dille Signature
223, 4th. St. E. Rupert, Idaho. P. O. Address

Subscribed and sworn to before me this 6 day of April, 1942.

(SEAL) Paul A. French Notary Public, residing at Rupert, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

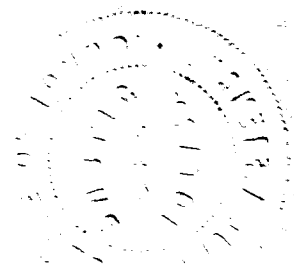
Received for filing on APR 7 1942 by Mabel E. ... Registrar.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



396-42-029-231

339850

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Trout Home
(e) Mother's stay BEFORE delivery:
IN THIS county 22 years 11 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Troy
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho 22 yrs.

4. **FULL NAME OF CHILD** Ray Vane Trout
6. Sex Male 7. Twin or Triplet Single Child If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Troy, Idaho
5. Date of Birth of Child (Month, day, year) April 12, 1910
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Laurel Vane Trout
11. Color White 12. Age at time of THIS birth 23 yrs.
13. Birthplace Frankfort, Indiana
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Bessie Jane Stanford
17. Color White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Troy, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol Solution
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at Idaho M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Bessie Jane Trout, who is related to this child as Mother.
(First name) (Last name)

25. Attendant's OWN signature _____ M.D. _____
Midwife _____ Address _____ Date _____
State of IDAHO _____ ss. **AFFIDAVIT** to be completed when the attendant does not sign
County of LEMHI _____ in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that (First name) (Last name), who attended this birth is now deceased I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Bessie Jane Trout Signature
Salmon, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of April, 19 42
(SEAL) Maurice C. Moseley Notary Public, residing at Salmon, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by Maurice C. Moseley, Registrar.

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

459-104-22-419

339859 339859

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Franklin (b) City Clifton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county 24 years 3 months 11 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Clifton
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 24 yrs.
3. **RESIDENCE OF FATHER** (city, state) 7 yrs.

4. **FULL NAME OF CHILD** Frank Earl Merritt

5. Date of Birth of Child
(Month, day, year) Feb 4 1910

6. Sex boy 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Marcellus Merritt
11. Color white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Vernon, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mae Emmaline Marler
17. Color white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Clifton, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 4 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mae E Merritt, who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature Allen Gutter Sr M.D. Allen Gutter Sr Midwife Address Preston, Ida Date 2/4/1910
State of Idaho County of Jerome } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 36 years, and that Allen Gutter, who attended this birth, is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mae E Merritt Signature
Jerome, Idaho P. O. Address

Subscribed and sworn to before me this sixth day of April, 1910
(SEAL) Walter H. Preece Notary Public, residing at Jerome Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1912 by Mary F. Elder, Registrar.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

855-219-036-515

334877

339877

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Clifton</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>At home</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Clifton</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>7</u> yrs.	
4. FULL NAME OF CHILD <u>Wanda Henderson</u>		5. Date of Birth of Child <u>9/19/1910</u> (Month, day, year)	
6. Sex <u>Female</u>	7. Twin or Triplet <u>Triplet</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Adelbert Harmon Henderson</u> 11. Color <u>White</u> 12. Age at time of THIS birth <u>21</u> yrs. 13. Birthplace <u>Arton</u> <u>Wyoming</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Sarah Alta Van Leuvan</u> 17. Color <u>White</u> 18. Age at time of THIS birth <u>20</u> yrs. 19. Birthplace <u>Lewiston</u> <u>Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child, (b) Born alive and now living,

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Idaho Gooding **M.D.** Gooding **Midwife** Gooding **Address** Gooding **Date**

State of Idaho County of Gooding } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for life years, and that Doctor Cutler, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Alta Van Leuvan Henderson Signature
Bliss, Idaho P. O. Address
Subscribed and sworn to before me this 4th day of April, 19 42.
(SEAL) Charles E. Edwards Notary Public, residing at Gooding, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by Marj F. Elden, Registrar.

JUN 1 1973

AUG 4 1975

APR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States **APR 10 1942**
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

State File No. **339888**
Local Reg. No. **339888**
Reg. Dist. No. **339888**

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Elmore</u> (b) City <u>Glenns Ferry</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>Born at Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>5</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Elmore</u> (c) City <u>Glenns Ferry</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has MOTHER lived in Idaho? <u>37</u> yrs.	
4. FULL NAME OF CHILD <u>Max Biehl Payne</u>		3. RESIDENCE OF FATHER (city, state) <u>Nampa, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Jan. 23, 1910</u>	
6. Sex <u>Male</u>		7. Twin or <u>Triplet</u> If so—born <u>1st, 2nd, 3rd</u> 8. No. months <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Fred C. Payne</u> 11. Color <u>White</u> 12. Age at time <u>28</u> yrs. or Race <u>White</u> of THIS birth 13. Birthplace <u>Mikcreek Idaho</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Engineer</u> 15. Industry or Business <u>Engineer</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Alice A. Biehl</u> 17. Color <u>White</u> 18. Age at time <u>28</u> yrs. or Race <u>White</u> of THIS birth 19. Birthplace <u>Cleveland, Ohio</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Housewife</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is
 related to this child as.....
 (Mother, etc.) (First name) (Last name)
25. Attendant's Idaho **M.D.**
OWN signature Canyon **Midwife** **Address** **Date**

State of..... **ss.** **AFFIDAVIT** to be completed when the attendant does not sign
 County of..... in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
 in Item 4, above, that I am now 60 years of age, that I have known this person for 32 years, and that
Dr. Davis (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
 Chapter 139, 1937 Session Laws.

Miss F. C. Payne Signature
111 16th Ave. So., Nampa, Idaho P. O. Address
 Subscribed and sworn to before me this 10th day of April, 19 42
 (SEAL) [Signature] Notary Public, residing at Nampa
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
 Received for filing on APR 10 1942 by Mary Fielder Registrar.

FEB 27 1969

JUL 20 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339896**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay BEFORE delivery:
IN THIS county 27 years months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier, Ida.

5. Date of Birth of Child
(Month, day, year) Sept. 3, 1910

4. FULL NAME OF CHILD Charles Allen Severn

6. Sex Male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harry Allen Severn
11. Color White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Montpelier, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Railway Conductor
15. Industry or Business Union Pacific R. R. Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Thetis Hoff
17. Color White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Georgetown, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argoral

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 31 years, and that Dr. D. Orr Poynter, who attended this birth cannot be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 10 day of April, 19 42
(SEAL) Albert E. Leary Notary Public, residing at Montpelier
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by Mary E. Elder Registrar.

APR 13 1942

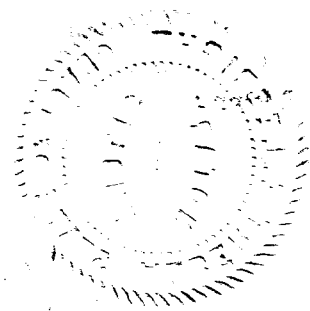
JUN 17 1943

JAN 18 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



256-214-032-519

337878

339898

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Lincoln</u> (b) City <u>Twin Falls</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years <u>one</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State..... (b) County..... (c) City..... (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?.....yrs.	
---	--	--	--

4. FULL NAME OF CHILD <u>Bernice Jaunita Snodgrass</u>		5. Date of Birth of Child (Month, day, year) <u>May 14 1910</u>	
6. Sex <u>F</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>

FATHER OF CHILD 10. FULL NAME <u>George Arthur Snodgrass</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>34</u> yrs. 13. Birthplace <u>Lima Ohio</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Miner</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Hazel Bain</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>17</u> yrs. 19. Birthplace <u>Selden Kansas</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business	
--	--	--	--

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 3 p.m. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Hazel Bain Snodgrass, who is related to this child as mother
 (First name) (Last name)
 (Mother, etc.)

25. Attendant's OWN signa [Signature] **M.D.** [Signature] **Midwife** [Signature] **Address** [Signature] **Date** [Signature]

State of Washington } ss.
 County of Lewis

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for since birth, and that is now deceased, who attended this birth. I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hazel Bain Snodgrass Signature
Morton Lewis Co Wash P. O. Address

Subscribed and sworn to before me this 5th day of April 1942, 19.....

(SEAL) [Signature] Notary Public, residing at Morton
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.) Notary Public in and for the State of Washington, residing at Morton

Received for filing on APR 9 1942 by Mary E. Elder, Registrar.

APR 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 181, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

RECEIVED
JUL 17 1942
VITAL STATISTICS
BOISE, IDAHO

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

635-21704-418
APR 13 1942

339905

339905

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 339905
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Hamper
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Hamper
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Bernice Virginia Fleming
5. Date of Birth of Child (Month, day, year) 7-17-1910
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. FULL NAME Cleve J. Fleming
11. Color W 12. Age at time of THIS birth 30 yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clair V. Mayse
17. Color W 18. Age at time of THIS birth 26 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Idaho } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 52 years of age, that I have known this person for 31 years, and that Murray who attended this birth Unable to sign I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Claire V. Fleming Signature
P. O. Address

Subscribed and sworn to before me this 13th day of April, 1942
(SEAL) Doc Walker Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by Mary E. Elder, Registrar.

APR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

569-110-42-736

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **339925**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 360-3rd Ave. No.
(d) Name of Hospital or Maternity Home:
Private Residence
(e) Mother's stay BEFORE delivery:
IN THIS county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 360-3rd Ave. No.
(e) How long has MOTHER lived in Idaho? 12 yrs.

4. FULL NAME OF CHILD. Claude Lawrence Norton

3. RESIDENCE OF FATHER (city, state) Twin Falls, Idaho
5. Date of Birth of Child
(Month, day, year) 7/10/1910

6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME. Clarence E Norton
11. Color White **12. Age at time of THIS birth** 27 yrs.
13. Birthplace Mitchell, South Dakota
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. FULL MAIDEN NAME Hurelia L. Glorstein
17. Color White **18. Age at time of THIS birth** 23 yrs.
19. Birthplace Spokane, Washington
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Keeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child, (b) Born alive and now living,

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Idaho } ss.
County of Twin Falls

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 33 years of age, that I have known this person for 31 years, and that Dr. Duncan L. Alexander, who attended this birth, is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

H. L. Glorstein
338 Main Ave. South, Twin Falls, Idaho
April 1942

Signature

Subscribed and sworn to before me this 2nd day of April

(SEAL)

Notary Public, residing at Twin Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 - 1942 by Marj Beekun, Registrar.

APR 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

699 215 040 753
United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 9 1942
State File No. **340004**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital of Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home _____ Days
In THIS county 1 1/2 years _____ months _____ days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Ida (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 1 1/2 yrs.
(f) Mother's mailing address (For registration notice):
Mullan Ida
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Mullan Ida

4. FULL NAME OF CHILD

Vieno Sylvia Fresting

5. DATE OF BIRTH

(Month, day, year) 15 June 1910

6. Sex Girl

7. Twin or
Triplet —

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Isaac Frank Fresting

11. Color
or Race W

12. Age at time
of THIS birth 26 yrs.

13. Birthplace

(City or Town)

(State or foreign country)

Finland

14. Exact
Occupation Mining

15. Industry
Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME

Hilda Sophia Ingala Peterson

17. Color
or Race W

18. Age at time
of THIS birth 22 yrs.

19. Birthplace

(City or Town)

(State or foreign country)

Finland

20. Exact
Occupation House wife

21. Industry or
Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol .10%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 7 a. M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Hilda Peterson, who is
(First name) (Last name)

related to this child as Mother

(Mother, etc.)

26. (a) _____
(Date received)

(b) Maud E. Eder
(Registrar's signature)

25. Attendant's
OWN signature FW Rolfs

(D.O., Midwife, etc.)

27. Given name added on _____ by _____
(Registrar's signature)

and address Mullan Date March 1942

APR 9 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of

.....

.....

(b) Labor: Complications:

.....

..... Induced?

.....

(c) State all operations for delivery

.....

.....

(d) Did baby have any:

(1) Congenital Malformation?

Describe:

(2) Birth Injury?

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340070**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Elizabeth Adela Hunter

5. Date of Birth of Child
(Month, day, year) Aug. 5, 1910

6. Sex White female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate?

FATHER OF CHILD

10. FULL NAME William Edgar Hunter
11. Color White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer and Engineer
15. Industry or Business Agriculture and Railroading

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Maude Lowther
17. Color White 18. Age at time of THIS birth 29 yrs.
19. Birthplace West Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Homemaking

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife

Address

Date

State of ss.
County of

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Maude Lowther Hunter Signature
Rupert, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of August, 1912
(SEAL) [Signature] Notary Public, residing at Rupert, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1942 by Mary Maude Lowther, Registrar.

APR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340126**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Nez Perce (b) City Weippe
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at own home
(e) Mother's stay BEFORE delivery:
IN THIS county 5 years 3 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Nez Perce
(c) City Weippe
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Weippe

4. FULL NAME OF CHILD

Vernon Edward McKinney

5. Date of Birth of Child
(Month, day, year) Aug. 23, 1910

6. Sex male 7. Twin or Triplet X If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Burton McKinney
11. Color White 12. Age at time of THIS birth 23 yrs.
13. Birthplace Liberty, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Alma Dale Centers
17. Color white 18. Age at time of THIS birth 20 yrs.
19. Birthplace Lavona, Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business House work

22. Name prophylactic used to prevent Ophthalmia Neonatorum X

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife

Address

Date

State of Idaho ss.
County of Clearwater

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that Sarah Martha Centers, who attended this birth deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Andrew McKinney Signature
Weippe Idaho P. O. Address

Subscribed and sworn to before me this 1 day of March, 19 42

(SEAL)

Notary Public, residing at Weippe, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 10-14, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by APR 9 Registrar.

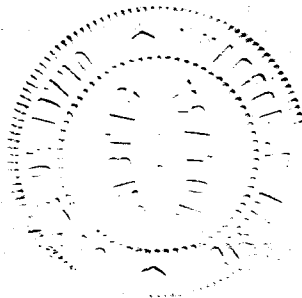
APR 12 1962

MAR 8 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



452-204025-593

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340133**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County... **Idaho** (b) City... **Elk City**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county **2** years months days

4. FULL NAME OF CHILD

Lillian Alice Dessery

6. Sex **Female**

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9**

9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME

Victor Dennis Dessery

11. Color **White** 12. Age at time of THIS birth **36** yrs.

13. Birthplace **Denver Colorado**
(City or town) (State or foreign country)

14. Exact Occupation **Freighter**

15. Industry or Business **Hauling Freight**

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Idaho**

(c) City **Elk City**

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? **2 yrs.**

3. RESIDENCE OF FATHER (city, state)

Elk City

5. Date of Birth of Child
(Month, day, year) **Aug 4 1910**

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary Helena Nicklaus

17. Color **White** 18. Age at time of THIS birth **30** yrs.

19. Birthplace **Nashville Tennessee**
(City or town) (State or foreign country)

20. Exact Occupation **House wife**

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child... **5** (b) Born alive and now living... **4**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of... **Idaho** ss.
County of... **Boundary**

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the... **Mother** ...of the person whose name appears in Item 4, above, that I am now... **61** ...years of age, that I have known this person for... **31** ...years, and that

Dr. McMann (First name) (Last name), who attended this birth... **cannot be located** I further state that
(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Helena Nicklaus with
Bonnors Ferry, Idaho. Signature
P. O. Address

Subscribed and sworn to before me this **6th** day of **April**, 19**42**

(SEAL)

Notary Public, residing at **Bonnors Ferry**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **APR 9 1942** by **[Signature]**, Registrar.

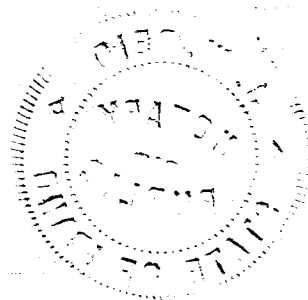
OCT 24 1973

APR 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

356-20503746

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **340177**

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH: (a) County <u>Owyhee</u> (b) City <u>Silver City</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county <u>29</u> years month _____ days.	2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Owyhee</u> (c) City <u>Silver City</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>29</u> yrs (f) Mother's mailing address <u>Silver City, Idaho</u> 3. RESIDENCE of FATHER (city, state): <u>Same</u>
---	---

4. FULL NAME OF CHILD <u>Adelaide Philippa Leonard</u>	5. Date of Birth (Month, day, year) <u>July 5, 1910</u>
6. Sex <u>Female</u>	7. Twin or Triplet _____ If so—born <u>1st, 2nd, 3rd</u>
8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Robert Henry Leonard</u>	16. FULL MAIDEN NAME <u>Lillie Hawes</u>		
11. Color or Race <u>White</u>	17. Color or Race <u>White</u>	12. Age at time of THIS birth <u>41</u> yrs.	18. Age at time of THIS birth <u>29</u> yrs.
13. Birthplace <u>Silver City, Idaho</u> (City or town) (State or foreign country)	19. Birthplace <u>Silver City, Idaho</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Mining</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business _____	21. Industry or Business _____		

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) <u>APR 8 1942</u> (Date received) (b) <u>M. H. Leonard</u> (Registrar's signature)	25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.) and address _____ Date _____
---	---

State of Idaho { ss.
County of Owyhee {

I, R. H. Leonard, being first duly sworn, say that I am related Adelaide Philippa Leonard as Father (Related to (or) acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. W. H. Schuyler, who attended said birth is now deceased (Name of attendant at birth) and that this birth has not been previously recorded (Is now deceased for) cannot be located)

Subscribed and sworn to before me on this 6th day of April, 1942
(SEAL) M. H. Leonard Signature
Murphy, Idaho P. O. Address
Notary Public, residing at Murphy, Idaho.

MAY 24 1967

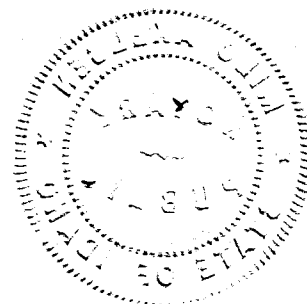
MAY 15 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

593-119 025-264

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340183**

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Van Wyck
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 3 months 21 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Van Wyck
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

4. **FULL NAME OF CHILD** Rolland Soule Vickers

5. Date of Birth of Child
(Month, day, year) Feb 19-1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Edwin Rolland Vickers
11. Color White 12. Age at time of THIS birth 22 yrs.
13. Birthplace Shenandoah Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Martha Emogene Soule
17. Color White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Princeton Minnesota
(City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 4 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Martha E. Scott who is related to this child as mother (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA County of MONTEREY } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 32 years, and that Dr. Noggle who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha E. Scott Signature
P.O. Box 560 A. MONTEREY CAMP P. O. Address

Subscribed and sworn to before me this 1st day of April, 1942
(SEAL) Edwin J. Murray Notary Public, residing at Pacific Grove
(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.)

Received for filing on APR 7 1942 by Marl Z. Fisher Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

693-106 001942

340190

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County..... Boise..... (b) City..... Boise, Idaho.....
(c) Street Address or R.F.D. No. 1.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State..... Idaho..... (b) County..... Ada.....
(c) City..... Boise, Idaho.....
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.
3. RESIDENCE OF FATHER (city, state) Boise

4. FULL NAME OF CHILD

Edward Russell Wickman

5. Date of Birth of Child

(Month, day, year) 1-6-1910

6. Sex

Male

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9 **9. Legitimate?**

FATHER OF CHILD

10. FULL NAME

Edward F. Wickman

11. Color or Race

White

12. Age at time of THIS birth

31 yrs.

13. Birthplace

Chicago Ill
(City or town)

(State or ~~foreign~~ country)

14. Exact Occupation

soldier

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Ella F. Wickman

17. Color or Race

White

18. Age at time of THIS birth

31 yrs.

19. Birthplace

Idaho Falls
(City or town)

(State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child... 2... (b) Born alive and now living... 2...

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of..... California..... } ss.
County of..... Sacramento.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... father..... of the person whose name appears in Item 4, above, that I am now..... 63..... years of age, that I have known this person for..... 32..... years, and that..... Dr. Tuckey....., who attended this birth..... deceased..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward F. Wickman Signature

Edw. F. Wickman P.F.D. O. Address

Subscribed and sworn to before me this..... 9th..... day of..... March....., 1942

(SEAL)

Margery D. Kelly Notary Public, residing at..... Sacramento, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on..... APR 10 1942..... by..... W. J., Registrar.

APR 14 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

619-225 035769

340196

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. _____
Bureau of Census STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County Nez Perce (b) City Orofino
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Confinement at Family Home.
(e) Mother's stay BEFORE delivery: _____
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Orofino
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 26 mo. yrs.
(f) Mother's mailing address: Fraser, Idaho.

3. RESIDENCE of FATHER (city, state) Orofino, Idaho

4. FULL NAME OF CHILD Pansy Ethel Farance

5. Date of Birth (Month, day year) Feb. 25, 1910

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____ 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Perry Farance
11. Color White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Barber County, W. Va.
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Caddie Susan Jordan
17. Color White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Job, W. Va.
(City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) APR 10 1942 (Date received) (b) [Signature] (Mother, etc.) (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____ (Registrar's signature)

State of Idaho } ss.
County of C. L. EAT WATER

I, JAMES PERRY FARANCE, being first duly sworn, say that I am related to Pansy Ethel Farance as parent (Related to (on) acquainted with) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Amanda Jordan (Name of attendant at birth) _____, who attended said birth, is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

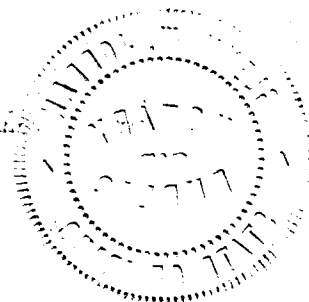
Subscribed and sworn to before me on this 21 day of March, 1942
(SEAL) Amanda W. Jordan Signature _____ P. O. Address _____
Notary Public, residing at W. P. P. Idaho

APR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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866 219 032 912

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340197**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Lincoln (b) City Gooding
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: 5 years 8 months days
IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Lincoln
(c) City Gooding
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 13 mo. yrs.

3. RESIDENCE OF FATHER (city, state) Gooding, Idaho

4. FULL NAME OF CHILD Lillian Marie Howard

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Aug. 19, 1910

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward Victor Howard
11. Color white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Salt Lake City, Utah
(City or town) (State or foreign country)
14. Exact Occupation Dray business
15. Industry or Business self-owned and operated

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Rasmussen Rasmussen
17. Color white 18. Age at time of THIS birth 29 yrs.
19. Birthplace Aale, Denmark
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California ss.
County of Los Angeles

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 31 years, and that Dr. Johnson, who attended this birth Cannot be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna R. Howard Signature
2231 Overland Avenue, Los Angeles P. O. Address

Subscribed and sworn to before me 2nd day of April, 1942
Notary Public Expires Sept. 1, 1942 Notary Public, residing at 2111 Selby Ave
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Los Angeles Calif

Received for filing on APR 10 1942 by Wm J. G. [Signature] Registrar.

APR 14 1911

CIRI .er

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

666-205028 944

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

340209
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Spirit Lake, Idaho
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai

(c) City Spirit Lake

(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Florence Leona Foote

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Sept. 5, 1910

8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Foote

11. Color or Race White 12. Age at time of THIS birth 25 yrs.

13. Birthplace Alpena, Michigan
(City or town) (State or foreign country)

14. Exact Occupation Railroad Fireman

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Alice Rudd

17. Color or Race White 18. Age at time of THIS birth 20 yrs.

19. Birthplace Duluth, Minnesota
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature

M.D. Midwife Address

Date

State of Minnesota } ss.
County of St. Louis

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 31 years, and that

Dr. Clark (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia Alice Nelson Signature
Saginaw, Minnesota P. O. Address

Subscribed and sworn to before me this 7th day of April, 19 42
(SEAL) Notary Public, residing at Duluth, Minnesota

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 9 1942 by [Signature] Registrar.

APR 14 1942

DEC 10 1969

NOV 2 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

863 222 025-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **340213**

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Palloack
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Palloack
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 yrs.

4. FULL NAME OF CHILD

Luka Fay Hollenbeak

6. Sex Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months

of Pregnancy nine 9. Legitimate? yes

5. Date of Birth of Child

(Month, day, year) June 22-1910

FATHER OF CHILD

10. FULL NAME James Cleveland Hollenbeak
11. Color White 12. Age at time
or Race White of THIS birth 25 yrs.
13. Birthplace Near Pittville - California
(City or town) (State or foreign country)
14. Exact Occupation Stack Raiser
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edna Bell Stone
17. Color White 18. Age at time
or Race White of THIS birth 19 yrs.
19. Birthplace Hopner - Oregon
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 9 P.M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by James Cleveland Hollenbeak who is
related to this child as Father
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Mrs. Gotzinger Brathorn M.D. Midwife Address Riggins Date March 20 1942

State of
County of ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears
in Item 4, above, that I am now years of age, that I have known this person for years, and that

....., who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this day of 19.....

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 10 1942 by Mabel E. E. E. Registrar.

APR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340216**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County..... **Lewis**..... (b) City..... **Kamiah**.....
(c) Street Address or R.F.D.-No.....
(d) Name of Hospital or Maternity Home: **none**
(e) Mother's stay **BEFORE** delivery:
IN THIS county **10** years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State..... **Idaho**..... (b) County..... **Lewis**.....
(c) City..... **Kamiah**.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?..... **15** yrs.
3. **RESIDENCE OF FATHER** (city, state) **Kamiah Ida**

4. **FULL NAME OF CHILD**..... **Harvey Gerald Renshaw**.....
6. Sex **male** 7. Twin or Triplet **XX** If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year)..... **March 17 1910**.....

FATHER OF CHILD
10. **FULL NAME** **Harvey Howard Renshaw**
11. Color **white** 12. Age at time of THIS birth..... **41 1/2** yrs.
13. Birthplace..... **Tillamook Oregon**.....
(City or town) (State or foreign country)
14. Exact Occupation..... **farmer**
15. Industry or Business..... **farmer**

MOTHER OF CHILD
16. **FULL MAIDEN NAME** **Rose Downing**
17. Color **white** 18. Age at time of THIS birth..... **39** yrs.
19. Birthplace..... **Tillamook Oregon**.....
(City or town) (State or foreign country)
20. Exact Occupation..... **housewife**
21. Industry or Business..... **housewife**

22. Name prophylactic used to prevent Ophthalmia Neonatorum..... **none**
23. Number of children of this mother: (a) At time of birth and including this child..... **3**..... (b) Born alive and now living..... **3**.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... **born alive at**..... **1** p..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by..... **Rose Renshaw**....., who is
related to this child as..... **mother**.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature..... **Mable Renshaw**..... Midwife Address..... **Miles Wash**..... Date..... **Jan 31-42**
State of..... } ss.
County of.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....
(SEAL)..... Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on..... **APR 9 1942**..... by..... **Mary E. Leifer**....., Registrar.

APP 14 1917

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-227011-418

340225

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Now Boundary (b) City Bonnors Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN THIS county 35 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Bonnors Ferry
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 35 yrs.
3. **RESIDENCE OF FATHER** (city, state)
Bonnors Ferry, Idaho

4. **FULL NAME OF CHILD** Alexena Francis La Brosse
5. Date of Birth of Child (Month, day, year) July 27th-1910

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	<u>Noe La Brosse</u>	16. FULL MAIDEN NAME	<u>Alexena Mayer</u>
11. Color or Race	<u>French</u>	17. Color or Race	<u>French</u>
12. Age at time of THIS birth	<u>43</u> yrs.	18. Age at time of THIS birth	<u>35</u> yrs.
13. Birthplace (City or town) (State or foreign country)	<u>Repon, Canada</u>	19. Birthplace (City or town) (State or foreign country)	<u>Repon, Canada</u>
14. Exact Occupation	<u>Mill Worker</u>	20. Exact Occupation	<u>Housewife</u>
15. Industry or Business	<u>Lumber</u>	21. Industry or Business	<u>None</u>

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 12-Noon M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Matilda Mayer, who is related to this child as Aunt (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Matilda Mayer M.D. Midwife Address Bonnors Ferry, Idaho Date 3/31/42

State of Idaho County of Boundary } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 32 years, and that W. E. E. Fry, who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

* Alexena Mayer Labrosse Signature

Subscribed and sworn to before this 7th day of April 19 42 P. O. Address Bonnors Ferry, Idaho
(SEAL) W. E. E. Fry Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 9 1942 by Mabel E. Fisher, Registrar.

APR 9 1942

Use only Black Ink or BLACK Record typewriter ribbon in completing this certificate. Mail completed certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>Idaho Falls</u> (c) Street Address or R.F.D. No. <u>R.F.D.</u> (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>13</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Idaho Falls</u> (d) Street Address or R.F.D. No. <u>R.F.D.</u> (e) How long has MOTHER lived in Idaho? <u>13</u> yrs.	
4. FULL NAME OF CHILD <u>Raymond Roosevelt Harris</u>		5. Date of Birth of Child (Month, day, year) <u>June 1st. 1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u> </u>	8. No. months of Pregnancy <u>9mo.</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>James W. Harris</u>		11. FULL MAIDEN NAME <u>Sarah W. Peterson</u>	
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>46</u> yrs.		11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>35</u> yrs.	
13. Birthplace <u>Richmond Missouri</u> (City or town) (State or foreign country)		13. Birthplace <u>Des Moines Iowa</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Painter</u>		14. Exact Occupation <u>Housewife</u>	
15. Industry or Business		15. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature.....**M.D.**.....**Address**.....**Date**.....
Midwife

State of.....Colorado.....**AFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of.....Denver.....} ss.

I, the undersigned, being first duly sworn, say that I am the.....Father.....of the person whose name appears in Item 4, above, that I am now.....77.....years of age, that I have known this person for.....Life.....years, and that.....Dr. R. Holister....., who attended this birth.....cannot be located..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James W. Harris.....Signature
2488 Meade Street-Denver, Colo......Address

Commission expires Dec. 4, 1944

Subscribed and sworn to before me this.....20th day of.....February....., 19.....42

(SEAL).....Etash Bader.....Notary Public, residing at.....Denver-Denver Co. Colo.

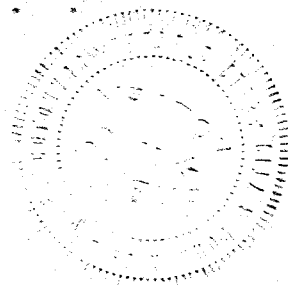
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

APR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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415-221039-165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340253**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Boise (b) City Carbon
(c) Street Address or R.F.D. No. 5
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 4 years months days

4. FULL NAME OF CHILD

Annie Laris

6. Sex Female 7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? ☒

FATHER OF CHILD

10. FULL NAME

Eugene Leon Laris

11. Color or Race White 12. Age at time of THIS birth 23 yrs.

13. Birthplace Walden Idaho
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Rachel Jones

17. Color or Race White 18. Age at time of THIS birth 33 yrs.

19. Birthplace Boise City Idaho
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Jerome

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
(Mother, etc.)

in Item 4, above, that I am now 54 years of age, that I have known this person for 33 years, and that

Annie Shanderson who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 8 day of April, 1942

(SEAL)

Rachel Jones Laris Signature
Jerome Idaho P. O. Address

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

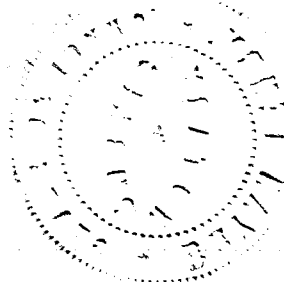
Received for filing on APR 9 1942 by Notary Public Registrar.

APR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **340287**
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St. Luke's
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Mountain Home

5. Date of Birth of Child
(Month, day, year) May 18, 1910

4. FULL NAME OF CHILD Arthur Leslie Green

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Leslie Brooks Green
11. Color White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Hastings Nebraska
(City or town) (State or foreign country)
14. Exact Occupation Attorney
15. Industry or Business

MOTHER OF CHILD

16. FULL NAME Beth Bianca Stull
17. Color White 18. Age at time of THIS birth 36 yrs.
19. Birthplace Illinois
(City or town) (State or foreign country)
20. Exact Occupation Attorney
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at self M. on the date 4/14/42
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Arthur Green, who is related to this child as self
(First name) (Last name)

25. Attendant's James H. Stewart MD. Address Boise Idaho Date 4/14/42
OWN signature (Midwife)

State of Idaho County of Ada ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the self of the person whose name appears in Item 4, above, that I am now 32 years of age, that I have known this person for 32 years, and that self, who attended this birth, self I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address

Subscribed and sworn to before me this 14 day of April, 1942
(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1942 by Mary E. Eder Registrar.

DEC 30 1966

MAY 1948
PR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

494 107038-213

340303

340303

United States
Department of Commerce
Bureau of the Census

APR 15 1942

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay BEFORE delivery:
IN THIS county years 3 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? yrs.

4. FULL NAME OF CHILD

Charles Arthur Middleton

5. Date of Birth of Child

(Month, day, year) Feb. 7, 1940

6. Sex

Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles William Middleton
11. Color White 12. Age at time of THIS birth 4.5 yrs.
13. Birthplace Wilmington Ohio
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sara Alice Hall
17. Color White 18. Age at time of THIS birth 42 yrs.
19. Birthplace Sanmont West Virginia
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature..... M.D. Midwife Address Date

State of.....ss.
County of.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that

....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....APR 15 1942.....by.....Registrar.

APR 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

844-228
004-339 APR 15 1942

340304

340304

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine Lake (b) City Dingle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery:
IN THIS county 46 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine Lake
(c) City Dingle
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 46 yrs.

3. RESIDENCE OF FATHER (city, state) Dingle Idaho

4. FULL NAME OF CHILD Edna Humphrey

5. Date of Birth of Child
(Month, day, year) July 28, 1910

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Samuel Humphrey
11. Color White 12. Age at time of THIS birth 64 yrs.
13. Birthplace Mansfield England
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mamma Martha Clifton
17. Color White 18. Age at time of THIS birth 46 yrs.
19. Birthplace Paris Idaho
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of County of ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4 above, that I am now 34 years of age, that I have known this person for 31 years, and that E. Ashley who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louise Sparks Signature
224 13 N. Nampa P. O. Address

Subscribed and sworn to before me this 15 day of April 1942
(SEAL) Edith H. Church Notary Public, residing at Blaine Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 15 1942 by Mary E. Egan Registrar.

APR 15 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: 3 years 5 months 28 days
IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs
3. RESIDENCE OF FATHER (city, state) Mtn. Home, Idaho

4. FULL NAME OF CHILD Vern Willis Bailey
5. Date of Birth of Child Aug. 28, 1910
(Month, day, year)
6. Sex M **7. Twin or Triplet** Triplet **If so—born** 1st, 2nd, 3rd
8. No. months of Pregnancy 9 **9. Legitimate?** Yes

FATHER OF CHILD
10. FULL NAME Fay Walter Bailey
11. Color W **12. Age at time of THIS birth** 37 yrs.
13. Birthplace Menominee Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Selma Inga Njaa
17. Color W **18. Age at time of THIS birth** 25 yrs.
19. Birthplace Stavanger, Norway
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature [Signature] **M.D.** [Signature] **Address** **Date**
State of Idaho County of Elmore } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 31 years, and that Fay Walter Bailey who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Selma Bailey Signature
905 Franklin P. O. Address

Subscribed and sworn to before me this 15th day of April, 1942
(SEAL) [Signature] Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 7-914, Idaho Code Annotated.)

Received for filing on APR 15 1942 by Mary E. Elder, Registrar.

APR 15 1942

JUN 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

869-110006-314

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340328

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>Blackfoot</u> (c) Street Address or R.F.D. No. <u>2</u> (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Blackfoot</u> (d) Street Address or R.F.D. No. <u>2</u> (e) How long has MOTHER lived in Idaho? <u>16</u> yrs.	
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4. FULL NAME OF CHILD <u>Gerald George Horton</u>		5. Date of Birth of Child (Month, day, year) <u>Dec. 10, 1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>

FATHER OF CHILD 10. FULL NAME <u>Richard Miles Horton</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>31</u> yrs. 13. Birthplace <u>Greenville, Beaver County, Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farming</u> 15. Industry or Business <u>Farming</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Penina Cameron</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>31</u> yrs. 19. Birthplace <u>Randolph, Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is related to this child as
 (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature **M.D. Midwife** **Address** **Date**

State of Idaho ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 County of Bingham

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 31 years, and that Laura Crawford (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Richard M Horton Signature
Blackfoot, Idaho, Route 2 P. O. Address

Subscribed and sworn to before me this 16 day of April, 1942.
 (SEAL) Beth Rodgers Notary Public, residing at Blackfoot, Idaho.
 (Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by Mary Elder Registrar.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340335
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County SHOSHONE (b) City Mace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County SHOSHONE
(c) City MACE
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Mace, Idaho

5. Date of Birth of Child
(Month, day, year) March 27, 1910

4. FULL NAME OF CHILD

Frances Margaret Groner

6. Sex Female

7. Twin or
Triplet -----

If so—born
1st, 2nd, 3rd -----

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Adam Groner
11. Color white 12. Age at time
or Race of THIS birth 28 yrs.
13. Birthplace Columbus, Kansas
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business laborer

MOTHER OF CHILD

16. FULL MAIDEN NAME Amy Pifer
17. Color White 18. Age at time
or Race of THIS birth 22 yrs.
19. Birthplace Neosho, Missouri
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business --

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child. 2 (b) Born alive and now living.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature M.D. Address Date

State of Wyoming
County of Weston ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4, above, that I am now 56 years of age, that I have known this person for 32 years, and that
Mary Tamm, nurse who attended this birth now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

My term expires Mrs Amy Groner Signature
Jan. 4, 1943 Newcastle Wyoming P. O. Address

Subscribed and sworn to before me this 10 day of April, 19 42.
(SEAL) Mary C. Tamm County Clerk Notary Public, residing at Newcastle, Wyo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

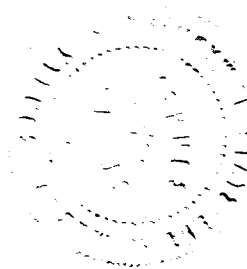
Received for filing on APR 13 1942 by Mary E. Epler Registrar.

APR 14 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

293 107 040 485

340353

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Shoshone (b) City Mace
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery
IN THIS county years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Shoshone
(c) City Mace
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child
(Month, day, year) Sept. 7, 1910

4. FULL NAME OF CHILD William Howard Killian

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Wayne Killian
11. Color White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Chrisney Indiana
(City or town) (State or foreign country)
14. Exact Occupation Stationary Engineer
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Mae Myers
17. Color white 18. Age at time of THIS birth 28 yrs.
19. Birthplace Peoria, Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Dr. Cairns (Deceased) M.D. Midwife Address Date

State of Washington County of Okanogan } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that Dr. Cairns who attended this birth is now Deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret M. Killian Signature
Box 1846, Wenatchee, Wash. P. O. Address

Subscribed and sworn to before me this 8th. day of April, 19 42
(SEAL) John H. Douglas Notary Public, residing at Wenatchee, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

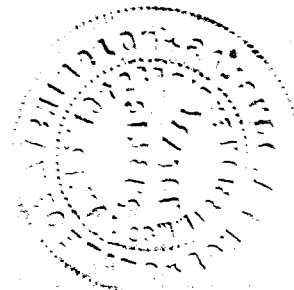
Received for filing on APR 10 1942 by Wenatchee, Wash. Registrar.

APR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



229 118 040-695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340356**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County SHASHONE (b) City WALLACE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
PROVIDENCE HOSPITAL
(e) Mother's stay BEFORE delivery:
IN THIS county 7 years 4 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County SHASHONE
(c) City WALLACE
(d) Street Address or R.F.D. No. MARTINS RAN.
(e) How long has MOTHER lived in Idaho? 7 yrs.
3. **RESIDENCE OF FATHER** (city, state) WALLACE, IDAHO

4. **FULL NAME OF CHILD** ANSBERT GEORGE SKINA

5. **Date of Birth of Child**
(Month, day, year) FEB. 12, 1942

6. Sex MALE 7. Twin or Triplet ☒ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** GEORGE SKINA
11. Color WHITE 12. Age at time of THIS birth 31 yrs.
13. Birthplace KARINTHIA AUSTRIA
(City or town) (State or foreign country)
14. Exact Occupation MINER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ALBINA WIEGELS
17. Color WHITE 18. Age at time of THIS birth 24 yrs.
19. Birthplace GORICH AUSTRIA
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho County of Shashone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32 years, and that Albina Skina who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albina Skina Signature
P. O. Address

Subscribed and sworn to before me this 14 day of February, 1942.

(SEAL) Stan Morgan Notary Public, residing at Wallace Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 10 1942 by Mary Becker Registrar.

APR 14 1942

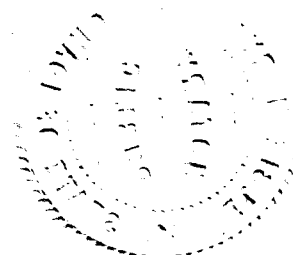
MAY 25 1955

AUG 1 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Grangeville</u> (c) Street Address or R.F.D. No. <u>Grangeville P.O.</u> (d) Name of Hospital or Maternity Home <u>none</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Grangeville</u> (d) Street Address or R.F.D. No. <u>Grangeville P.O.</u> (e) How long has MOTHER lived in Idaho? <u>1</u> yrs.	
4. FULL NAME OF CHILD <u>Charles Eugene Battles</u>		3. RESIDENCE OF FATHER (city, state) <u>Grangeville Idaho</u>	
6. Sex <u>Male</u>		5. Date of Birth of Child (Month, day, year) <u>June 15 - 1910</u>	
7. Twin or Triplet		8. No. months of Pregnancy <u>9</u>	
9. Legitimate?			
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Alfred Eugene Battles</u>		16. FULL MAIDEN NAME <u>Ellen Sand</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>42</u> yrs.		18. Age at time of THIS birth <u>31</u> yrs.	
13. Birthplace <u>Norcross, Illinois</u> (City or town) (State or foreign country)		19. Birthplace <u>Swamp, Sweden</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>House wife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None used</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>6</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature	M.D. Midwife	Address	Date
State of <u>Oregon</u> County of <u>Mason</u> ss.	AFFIDAVIT to be completed when the attendant does not sign in Item 25.		

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 31 years, and that Mrs. Lytle who attended this birth is deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this <u>23d</u> day of <u>March</u> , 19 <u>42</u>		Signature <u>Mrs. Ellen Battles</u>	
(SEAL) <u>M. H. Hume</u>		P. O. Address <u>R. F. D. 3 Box 510 Salem Oregon</u>	
(Note: Perjury is punishable as a felony in Idaho, see Sec 1-914, Idaho Code Annotated. My commission expires March 12, 1944		Notary Public, residing at <u>Salem Oregon</u>	
Received for filing on <u>APR 10 1942</u>		by <u>M. H. Hume</u> Registrar.	

APR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

459131041643

340362

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County.....Teton..... (b) City.....Clawson.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: ..
(e) Mother's stay **BEFORE** delivery:
IN THIS county 9 years 8 months 22 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State.....Idaho..... (b) County.....Teton.....
(c) City.....Clawson.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 42 yrs.
3. **RESIDENCE OF FATHER** (city, state) Same Place

4. **FULL NAME OF CHILD** Almon Lynns Merrill
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

5. Date of Birth of Child
(Month, day, year) 1-31-1910

FATHER OF CHILD
10. **FULL NAME** Peter Richardson Merrill
11. Color white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Smithfield, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Ida Margaret Fullmer
17. Color white 18. Age at time of THIS birth 26 yrs.
19. Birthplace Providence, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Broic acid
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
and at the place stated above, and that personal particulars were furnished to who is related to this child as mother (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date
State of Idaho } ss.
County of Butte }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 26 years, and that Dr. Ora Dell Keith, Driggs, Idaho, delivered this birth. cannot be located. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida M Pershall Signature
Arco, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of February, 1942.
(SEAL) Notary Public, residing at Arco, Idaho
(Note: Perjury is punished as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 10 1942 by Mary E. Egan Registrar.

APR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

915-212031-258

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340395**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Lewis (b) City Ido
(c) Street Address or R.F.D. No. 2nd St
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years 33 months 7 days 23

4. FULL NAME OF CHILD

Mable Lorraine Randall

6. Sex

Girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Alfred Lorraine Randall

11. Color or Race

White

12. Age at time of THIS birth

32 yrs.

13. Birthplace

Hatfield, Washington

(City or town) (State or foreign country)

14. Exact Occupation

Carpenter

15. Industry or Business

Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Jessie Edna Snyder

17. Color or Race

White

18. Age at time of THIS birth

33 yrs.

19. Birthplace

Waukegan, Wisconsin

(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Washington

County of King ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 31 years, and that

Can't remember name (First name) King (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alfred Lorraine Randall Signature
7143 Woodside Place, Seattle Wash P.O. Address

Subscribed and sworn to before me this 7th day of April, 19 42

(SEAL) George H. McHugh Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

APR 13 1942

by

Mabel E. Fisher

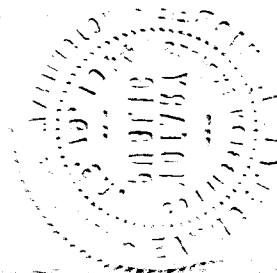
Registrar.

APR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



236-216012-415
 United States
 Department of Commerce
 Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

340400
 State File No.
 Local Reg. No.
 Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>BUTTE</u> (b) City <u>HOWE</u> (c) Street Address or R.F.D. No. <u>RFD</u> (d) Name of Hospital or Maternity Home: <u>AT HOME</u> (e) Mother's stay BEFORE delivery: IN THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>BUTTE</u> (c) City <u>HOWE</u> (d) Street Address or R.F.D. No. <u>RFD</u> (e) How long has MOTHER lived in Idaho? <u>140 yrs</u>	
4. FULL NAME OF CHILD <u>DOROTHEA-ROENA SCOUTEN</u>		3. RESIDENCE OF FATHER (city, state) <u>HOWE IDA</u>	
6. Sex <u>FEMALE</u>		5. Date of Birth of Child (Month, day, year) <u>Dec 16-1910</u>	
7. Twin or Triplet _____ If so—born _____ 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>WILLIAM-B SCOUTEN</u> 11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth _____ yrs. 13. Birthplace <u>KANSAS</u> (City or town) _____ (State or foreign country) _____ 14. Exact Occupation <u>FARMER</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>CAROLINE-E-DAVIS</u> 17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth _____ yrs. 19. Birthplace <u>NEW MEXICO</u> (City or town) _____ (State or foreign country) _____ 20. Exact Occupation <u>HOUSE WIFE</u> 21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 4 A. M. on the date _____ (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by CAROLINE SCOUTEN who is related to this child as MOTHER (First name) (Last name)
 (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Midwife** _____ **Address** IDAHO FALLS IDA **Date** _____

State of Idaho **County of** Bonneville } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 31 years, and that Dr. Cannon who attended this birth Cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Caroline E Scouten Signature
 _____ P. O. Address

Subscribed and sworn to before me this 10 day of April, 1942
 (SEAL) _____

(Note: Perjury is punishable as a felony in Idaho; see (Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 11 1942 by Marj E. Blum Registrar.

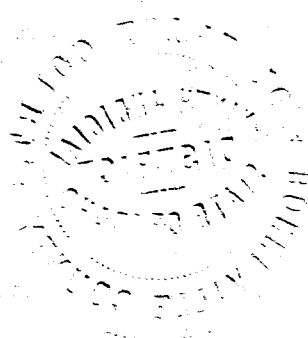
APR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DEC 1 1937



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

281-222-021-553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

340411
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho?

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child
(Month, day, year) May 22, 1910

4. FULL NAME OF CHILD:

Zelma Nelson Shaffer

6. Sex

Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

John Martin Shaffer

11. Color
or Race

White

12. Age at time
of THIS birth. 34 yrs.

13. Birthplace

Mt. Pleasant Utah

(City or town)

(State or foreign country)

14. Exact
Occupation

Farmer

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Julia Ann Nelson

17. Color
or Race

white

18. Age at time
of THIS birth. 28 yrs.

19. Birthplace

Grantsville Utah

(City or town)

(State or foreign country)

20. Exact
Occupation

Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child. 2 (b) Born alive and now living. 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 5:30 P. M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Julia Shaffer, who is
related to this child as Mother
(Mother, etc.) (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Utah } ss.
County of Franklin }

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 60 years of age, that I have known this person for 28 years, and that

Dr. Allen Cutler Sr. who attended this birth. Now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 11th day of April, 1942.

(SEAL)

Notary Public, residing at Preston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

APR 13 1942

by

Mabel E. Nelson

Registrar.

APR 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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455 117 030 955

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **340423**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Lemhi (b) City Junction
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Child born at home of parents
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Lemhi
(c) City Junction
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 28 yrs.
(f) Mother's mailing address Junction, Idaho

3. RESIDENCE of FATHER (city, state) Junction, Idaho

4. FULL NAME OF CHILD

Lester Everett Denny

5. Date of Birth

(Month, day year) March 17, 1910

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Thomas Rolly Denny

11. Color or Race

White

12. Age at time

of THIS birth 33 yrs.

13. Birthplace

DuQuoin

Illinois

(City or town)

(State or foreign country)

14. Exact Occupation

Ranching

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Elizabeth Elvira Rees

17. Color or Race

White

18. Age at time

of THIS birth 28 yrs.

19. Birthplace

Lemhi Agency

Idaho

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

26. (a) APR 13 1942 (Date received) (b) [Signature] (Registrar's signature)

25. Attendant's OWN signature

..... M.D. (D.O., Midwife, etc.)

27. Given name added on by (Registrar's signature)

and address

Date

State of Idaho } ss.
County of Lemhi

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Annie Denny Vreeland, being first duly sworn, say that I am related to Lester Everett Denny as Aunt, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hart, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Annie Denny Vreeland Signature
Salmon, Idaho P. O. Address

Subscribed and sworn to before me on this 9 day of May, 1942
(SEAL) [Signature]

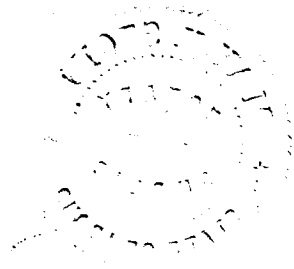
Notary Public, residing at Idaho

APR 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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755-223030851

340424

United States (Be sure the information is as of date of birth of THIS child) State File No. 340424
Department of Commerce CERTIFICATE OF BIRTH
Bureau of Census STATE OF IDAHO Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (a) County Lemhi (b) City Leadore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: child born at home of parents
(e) Mother's stay BEFORE delivery: BEFORE
In Hosp. or Mat. Home days
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Leadore
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 25 yrs.
(f) Mother's mailing address Leadore, Idaho

3. RESIDENCE of FATHER (city, state) Leadore, Ida

4. FULL NAME OF CHILD Violet Kathryn Benson 5. Date of Birth Nov. 23, 1910
(Month, day year)

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Claude Henderson Benson 16. FULL MAIDEN NAME Nora Elinor Yearian
11. Color or Race White 12. Age at time of THIS birth 39 yrs. 17. Color or Race White 18. Age at time of THIS birth 35 yrs.
13. Birthplace Union, Oregon (City or town) (State or foreign country) 19. Birthplace Galacia, Illinois (City or town) (State or foreign country)
14. Exact Occupation Ranching 20. Exact Occupation Housewife
15. Industry or Business Business 21. Industry or Business Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 1 AM. on the date Nov. 23, 1942 and at the place stated above, and that personal particulars were furnished by Docia Stewart, who is related to this child as (First name) (Last name)

26. (a) APR 13 1942 (Date received) (b) Mary E. Stewart (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature Ernie Probst (Midwife, etc.)
and address Leadore, Idaho Date 4-9-42

State of _____ } ss.
County of _____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth), who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature

P. O. Address
Subscribed and sworn to before me on this _____ day of _____, 19_____
(SEAL) _____ Notary Public, residing at _____

APR 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

369 104-004 613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

State File No. **340427**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bear Lake</u> (b) City <u>Montpelier</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>20</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bear Lake</u> (c) City <u>Montpelier</u> (d) Street Address or R.F.D. No. <u>General Del.</u> (e) How long has MOTHER lived in Idaho? <u>20</u> yrs.	
4. FULL NAME OF CHILD <u>Mark Merrill Cozzens</u>		3. RESIDENCE OF FATHER (city, state) <u>Montpelier, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>April 4, 1910</u>	
6. Sex <u>male</u> 7. Twin or Triplet <u>no</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>		FATHER OF CHILD 10. FULL NAME <u>Mark Cozzens</u> 11. Color <u>white</u> 12. Age at time of THIS birth <u>26</u> yrs. 13. Birthplace <u>Montpelier, Idaho</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Railroad signalman</u> 15. Industry or Business <u>Railroad</u>	
		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Ethel Ann Watkins</u> 17. Color <u>white</u> 18. Age at time of THIS birth <u>20</u> yrs. 19. Birthplace <u>St. Charles, Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is related to this child as
 (Mother, etc.)

25. Attendant's OWN signature Dr. R. Poynter **M.D.** 2911 San Diego St. **Address** San Diego Calif **Date** 4-9-42
 State of Utah **County of** Salt Lake **ss.**
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 31 years, and that Dr. R. Poynter, who attended this birth, cannot be located. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mark Cozzens Signature
80 Oak St., Midvale, Utah P. O. Address
 Subscribed and sworn to before me this 26th day of March, 1942.
 (SEAL) Ben E. Baxa Notary Public, residing at Midvale, Utah
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
 Received for filing on APR 13 1942 by Marj E. Baxa Registrar.

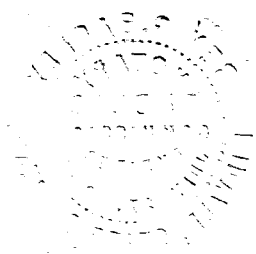
MAR 6 1975

APR 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



594 211042-916

340429

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 151 4th Ave. N.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years 3 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 151 4th Ave. N.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.
3. **RESIDENCE OF FATHER** (city, state) Same as Mother

4. **FULL NAME OF CHILD** Jane Nims
5. Date of Birth of Child (Month, day, year) Mar. 11-1910
6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Ernest Carl Nims
11. Color White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Bowling Green, Ohio
(City or town) (State or foreign country)
14. Exact Occupation Printer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Anna Rawlings
17. Color White 18. Age at time of THIS birth 34 yrs.
19. Birthplace St. Peter, Minnesota
(City or town) (State or foreign country)
20. Exact Occupation House work
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho County of Jerome } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 32 years, and that Mr. Pike who attended this birth Whereabouts unknown I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
(First name) (Last name) (Is now deceased) or (Cannot be located)

Ernest C Nims Signature
Jerome, Idaho P. O. Address
Subscribed and sworn to before me this 10 day of April, 19 42
(SEAL) Shirley Notary Public, residing at Jerome, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by Mary E. Blum, Registrar.

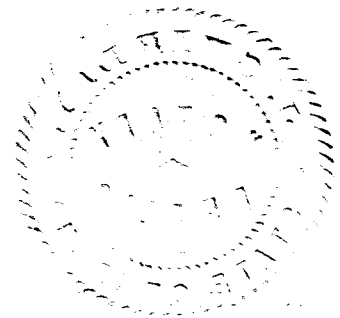
APR 15 1942

JUN 4 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

693-129 042-799

340445

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:

- (a) County Twin Falls (b) City Filer
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years 7 months _____ days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

- (a) State Idaho (b) County Twin Falls
(c) City Filer
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 33 yrs.
(f) Mother's mailing address (For registration notice):
Filer Idaho
(Street or R. F. D.) (Postoffice)

4. FULL NAME OF CHILD

John James Williams

5. Date of Birth (Month, day, year) Mar 29 - 1910

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Byron Williams

11. Color or Race W

12. Age at time of THIS birth 32 yrs.

13. Birthplace

(City or Town) Miner (State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

✓

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary Prichett

17. Color or Race W

18. Age at time of THIS birth 20 yrs.

19. Birthplace

(City or Town) West Unity Ohio (State or foreign country)

20. Exact Occupation

Surge

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Agro 3 1%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at 12 noon M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Mary Williams, who is (First name) (Last name)

related to this child as mother (Mother, etc.)

APR 13 1942

26. (a) _____ (Date received)

(b) Mary Williams (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's Signature)

25. Attendant's OWN signature

A. A. Newberry (D.O., Midwife, etc.)

and address Twin Falls Idaho Date 3/30/1940

APP 15 1942

REGISTRATION OF BIRTHS LOCAL REGISTRATION OF BIRTHS

SEC. 88-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 88-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 88-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 88-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 88-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT (Not for certified copies)

(a) Pregnancy: Complications of.....

.....

(b) Labor: Complications:

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:.....

(1) Congenital Malformation?.....

Describe:

(2) Birth Injury?

Describe:

(3) Was mother given a Wasserman before delivery?.....

(4) Signature of Physician:.....

.....

DELAYED

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

693-129-036-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

340446

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Oneida (b) City Samaría

(c) Street Address or R.F.D. No.

(d) Name of Hospital of Maternity Home:
At her home

(e) Mother's stay **BEFORE** delivery:

In Hospital or Maternity Home Days
In **THIS** county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Oneida

(c) City Samaría

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? Life yrs.

(f) Mother's mailing address (For registration notice):
Samaría, Idaho

(Street or R.F.D.)

(Postoffice)

3. RESIDENCE OF FATHER (city, state) Samaría, Ida.

4. FULL NAME OF CHILD

WILLIAM ROLLAND WILLIAMS

5. DATE OF BIRTH

(Month, day, year) Aug. 29, 1910

6. Sex MALE

7. Twin or

Triplet SINGLE

If so—born

1st, 2nd, 3rd

8. No. months

of Pregnancy Mo.

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME

SAMUEL WILLIAMS

11. Color or Race WHITE

12. Age at time of **THIS** birth 30 yrs.

13. Birthplace SAMARIA, IDAHO

(City or Town)

(State or foreign country)

14. Exact Occupation FARMER

15. Industry Business INDUSTRY

MOTHER OF CHILD

16. FULL MAIDEN NAME

ANNIE THOMAS

17. Color or Race WHITE

18. Age at time of **THIS** birth 28 yrs.

19. Birthplace SAMARIA, IDAHO

(City or Town)

(State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Mercurochrome

23. Number of children of this mother: (a) At time of birth and including this child 4

(b) Born alive and now living 4

(c) Born alive and now dead

(d) Stillborn

24. I **HEREBY CERTIFY** That I attended the birth of this child, who was Born alive at M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Samuel Williams, who is
(First name) (Last name)

related to this child as Father
(Mother, etc.)

APR 11 1942

26. (a)
(Date received)

(b) Marcel E. Stefan
(Registrar's signature)

25. Attendant's
OWN signature

D. C. Ray

M.D.
(P.O., Midwife, etc.)

27. Given name added on by
(Registrar's signature)

and address

Proctorville

Date 4-9-1942

APR 15 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of

.....
.....

(b) Labor: Complications:

.....
..... Induced?

.....

(c) State all operations for delivery

.....
.....

(d) Did baby have any:

(1) Congenital Malformation?

Describe:

(2) Birth Injury?

Describe:

(3) Was mother given a Wasserman before delivery

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....
.....

DELAYED

455-113 036-449

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340457**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Dayton</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>35</u> years <u>5</u> months <u>13</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Dayton</u> (d) Street Address or R.F.D. No. <u>13</u> (e) How long has MOTHER lived in Idaho? <u>66</u> yrs.	
4. FULL NAME OF CHILD <u>Russell D. Mendenhall</u>		3. RESIDENCE OF FATHER (city, state) <u>Dayton Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>13 Feb. 1910</u>	
6. Sex <u>Male</u> 7. Twin or Triplet <u>1st, 2nd, 3rd</u>		8. No. months of Pregnancy <u>9 Mo.</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Lorin Mathew Mendenhall</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>34</u> yrs. 13. Birthplace <u>Franklin Idaho</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farming</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Agnes Elvira Durrant</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>35</u> yrs. 19. Birthplace <u>Franklin Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House Wife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by, who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature Nancy E. Buckstead M.D. **Midwife** **Address** Burton Idaho **Date**
 State of } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 County of }

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (Mother, etc.) who attended this birth I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Russell D. Mendenhall Signature
 P. O. Address

Subscribed and sworn to before me this day of 19.....
 (SEAL) Notary Public, residing at
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 10 1942 by Mary E. Baker Registrar.

AUG 2 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires in advance payment of fifty cents, money order or coin.

464724020-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

340475

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County ELMORE (b) City Hill City
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 4 years 7 months 16 days

4. FULL NAME OF CHILD

Clarence Mouser

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

10. FULL NAME

Charley L. Mouser

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Cowley County, Kansas

(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County ELMORE

(c) City Hill City

(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 4 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Hill City, Idaho

5. Date of Birth of Child

(Month, day, year) August 24, 1916

8. No. months

of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

MOTHER OF CHILD

16. FULL MAIDEN NAME

Ruby Bell Peterson

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Stillwater, North Dakota

(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at Morning M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Charley Mouser, who is related to this child as Father (First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature Charley L. Mouser Midwife

Address

Date

State of Idaho County of Elmore ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4 above, that I am now 5 years of age, that I have known this person for 3 1/2 years, and that

Minnie Rosenberg who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. C. L. Mouser Signature

Mountain Home, Idaho P. O. Address

Subscribed and sworn to before me this 8 day of April, 1942

(SEAL)

James A. Schaefer Notary Public, residing at Mountain Home, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

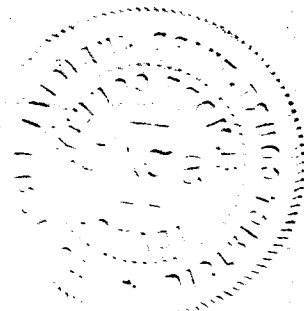
Received for filing on APR 9 1942 by Mary E. Schaefer Registrar.

MAR 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



396 110 040-165

340500

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Shoshone (b) City Hellogg
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county _____ years _____ months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Shoshone
(c) City Hellogg
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 8 1/2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Roland Arthur Troy

5. Date of Birth of Child

(Month, day, year) July 10, 1910

6. Sex

Male

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

Yes

FATHER OF CHILD

10. FULL NAME

Albert Troy

11. Color or Race

White

12. Age at time of THIS birth

27 yrs.

13. Birthplace

(City or town)

Italy

(State or foreign country)

14. Exact Occupation

Shoemaker

15. Industry or Business

Shoemaker

MOTHER OF CHILD

16. FULL MAIDEN NAME

Rose Eleanor Jones

17. Color or Race

White

18. Age at time of THIS birth

20 yrs.

19. Birthplace

(City or town)

Beatrice Neb

(State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Oregon County of Wasco ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 31 years, and that

Dr. M. M. M. M. who attended this birth not living I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Troy

Signature

P. O. Address

Subscribed and sworn to before me this 13th day of April, 1942

(SEAL)

Bertha Darnell Notary Public, residing at The Dalles, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated)

Received for filing on _____ by _____, Registrar.

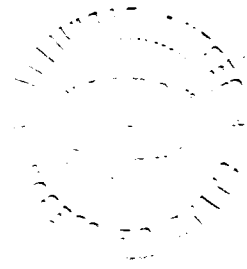
APR 14 1942

APR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

366-220 016 294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

340514
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 41 yrs.

3. **RESIDENCE OF FATHER** (city, state) Oakley, Ida

4. **FULL NAME OF CHILD** Goldie Cooper

5. Date of Birth of Child
(Month, day, year) 20 May 1910

6. Sex F 7. Twin or Triplet 1 If so—born 1st, 2nd, 3rd 1 8. No. months of Pregnancy Reg. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Cooper

11. Color Wh. 12. Age at time of THIS birth 31 yrs.
or Race
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation Sheepman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Alice Kidd

17. Color Wh. 18. Age at time of THIS birth 19 yrs.
or Race
19. Birthplace Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature Dr. Olsen M.D. Address Date
Midwife

State of Idaho County of Cassia } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for nearly 38 years, and that Dr. Olsen, who attended this birth, address unknown I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

Mary Alice Kidd Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me this 9 day of April, 19 42.
(SEAL) Jerry W. ... Notary Public, residing at Burley, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 10 1942 by Mary Olsen Registrar.

APR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Bureau of Vital St.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

363-222-035-433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340531**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Nezperce</u> (b) City (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Born at home</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nezperce</u> (c) City (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>Sadie Bell (Coleman) Smiley</u>		5. Date of Birth of Child (Month, day, year) <u>Oct. 22, 1910</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>Twin</u> If so—born <u>1st</u> 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>David Albert Coleman</u>	16. FULL MAIDEN NAME <u>Sadie Ellen McLean</u>	11. Color or Race <u>white</u>	17. Color or Race <u>white</u>
12. Age at time of THIS birth <u>35</u> yrs.	18. Age at time of THIS birth <u>32</u> yrs.	13. Birthplace <u>May County, Michigan</u> (City or town) (State or foreign country)	19. Birthplace <u>Ontario, Canada</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Farmer</u>	20. Exact Occupation <u>Housewife</u>	15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Sadie Ellen Coleman, who is related to this child as mother.
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for all her life years, and that James J. Harrington, who attended this birth, deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sadie Ellen (McLean) Coleman
2524 E. Pacific, Spokane, Washington P. O. Address
Signature

Subscribed and sworn to before me this 4th day of April, 1912.
(SEAL) A. M. Ralph Notary Public, residing at Spokane, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by Mabel E. Fisher, Registrar.

APR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

556-225042 266

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340532**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Twin Falls</u> (b) City <u>Kimberly</u> (c) Street Address or R.F.D. No. <u>Rural Route</u> (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Twin Falls</u> (c) City <u>Kimberly</u> (d) Street Address or R.F.D. No. <u>Rural Route</u> (e) How long has MOTHER lived in Idaho? <u>7</u> yrs.	
4. FULL NAME OF CHILD <u>Edna Margaret Newbry</u>		3. RESIDENCE OF FATHER (city, state) <u>Kimberly, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Oct. 25, 1910</u>	
6. Sex <u>female</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Edward Thomas Newbry</u>		16. FULL MAIDEN NAME <u>Electa Ophelia Howe</u>	
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>44</u> yrs.	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>37</u> yrs.
13. Birthplace <u>Cincinnati</u> <u>Ohio</u> (City or town) (State or foreign country)		19. Birthplace <u>Coon Rapids</u> <u>Iowa</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>farmer</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business <u>farmer</u>		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>unknown</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Oregon ss.
County of Jackson

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 31 years, and that Dr. White, who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Electa O. Newbry Signature
Ashland, Route 2, Oregon P. O. Address
Subscribed and sworn to before me this 11 day of April, 1942
(SEAL) John C. Hall Notary Public, residing at Talent, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) NOTARY PUBLIC FOR OREGON

Received for filing on APR 13 1942 by Mary J. [Signature] Registrar.

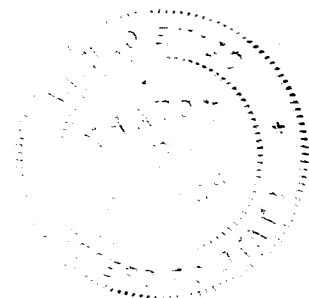
APR 16 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

219 228 040-163

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340546**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County **Shoshone** (b) City **Rupert**
(c) Street Address or R.F.D. No. **I**
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county **5** years **I** months **7** days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State **Idaho** (b) County **Shoshone**
(c) City **Rupert**
(d) Street Address or R.F.D. No. **I**
(e) How long has MOTHER lived in Idaho? **20** yrs.

4. FULL NAME OF CHILD **Erma Maude Barber**
6. Sex **Female** 7. Twin or Triplet
8. No. months of Pregnancy **9** 9. Legitimate? **yes**

3. RESIDENCE OF FATHER (city, state) **Rupert, Idaho**
5. Date of Birth of Child
(Month, day, year) **Dec. 28, 1910**

FATHER OF CHILD
10. FULL NAME **Chas. Monford Barber**
11. Color **White** 12. Age at time of THIS birth **28** yrs.
13. Birthplace **McPherson Kansas**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer and ditch rider**
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME **Hattie May Jolly**
17. Color **White** 18. Age at time of THIS birth **25** yrs.
19. Birthplace **O'Neil Nebraska**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child **I** (b) Born alive and now living **3**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **Washington** M.D. Midwife Address Date
State of **Washington** County of **COWLEY** } ss. **Dr. Scott**

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4, above, that I am now **56** years of age, that I have known this person for **31 yrs. 3 mo.** years, and that **Dr. Scott** is now deceased who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature **Stratford Apts. #5 Longview, Wash.** P. O. Address

Subscribed and sworn to before me this day of 19.....

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **APR 9 1942** by **Manuel H. ...** Registrar.

APR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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340548

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 532 Ada 16th St
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county 8 years 3 months 21 days

4. FULL NAME OF CHILD Melva Louise Hedden

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Salomon Ezra Hedden
11. Color White 12. Age at time of THIS birth 28 yrs.
13. Birthplace American Fork, Utah
(City or town) (State or foreign country)
14. Exact Occupation Meter Shop Clerk
15. Industry or Business Natural Gas

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?.....yrs.
3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child
(Month, day, year) Jan 24, 1910

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Packard
17. Color White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Springville, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% AgNO₃ Sol.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 3:15 P. M. on the date April 10, 1942
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mrs. I. C. Packard, who is related to this child as Grand-mother
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature John Beck M.D. Midwife Address Boise Ida Date 4-10-42
State of Utah County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that John Beck, M.D. who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ann Packard Hedden Signature
947 Grandall Ave. P. O. Address

Subscribed and sworn to before me this 6th day of April, 1942
(SEAL) John Beck Notary Public, residing at Salt Lake City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

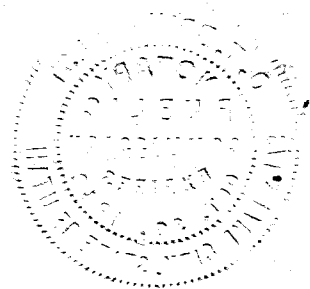
Received for filing on APR 8 1942 APR 11 1942 Mabel E. Eider Registrar.

APR 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

799-131-006-255-

340551

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
IN THIS county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 47 yrs

4. **FULL NAME OF CHILD** Arthur Priest
6. Sex male
7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Shelley, Ida
5. Date of Birth of Child Aug 30, 1910
(Month, day, year)
8. No. months of Pregnancy 9 mo 9. Legitimate? yes

FATHER OF CHILD.
10. **FULL NAME** James David Priest
11. Color White 12. Age at time of THIS birth 42 yrs.
13. Birthplace Jamestown, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Edith Beebe
17. Color white 18. Age at time of THIS birth 37 yrs.
19. Birthplace Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at 10 a.m. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN signature** Idaho **M.D.** **Midwife** **Address** **Date**
State of..... Bingham County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for always years, and that Mrs. Ernest, who attended this birth is dead, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James David Priest Signature
Shelley P. O. Address

Subscribed and sworn to before me this 10th day of Apr. 1942
(SEAL) M. L. Wirt Notary Public, residing at Shelley
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

Received for filing on APR 13 1942 by Mary E. Hester Registrar.

JUL 13 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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343 228 028 243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340632**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Home of Mr. & Mrs. Frank E. Reed
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kingston
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? one yrs.

3. **RESIDENCE OF FATHER** (city, state) Kingston, Idaho
5. Date of Birth of Child, (Month, day, year) Sept. 28th 1910

4. **FULL NAME OF CHILD** Eva Falecia Tucker

6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 1st child of Pregnancy 8. No. months 9 mo. 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Leroy Tucker
11. Color white 12. Age at time of THIS birth 36 yrs.
13. Birthplace Lincoln Nebraska
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Inez May Buchanan
17. Color white 18. Age at time of THIS birth 31 yrs.
19. Birthplace Bradford, Pennsylvania
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington ss.
County of King

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 31 years, and that Dr. (unknown) Hunter, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Inez May Tucker Signature
6514 - 49th Ave. S. W., Seattle, Wash. P. O. Address

Subscribed and sworn to before me this 13th day of April, 1942
(SEAL) A. L. Ladely Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on APR 15 1942 by Mary E. Egan Registrar.

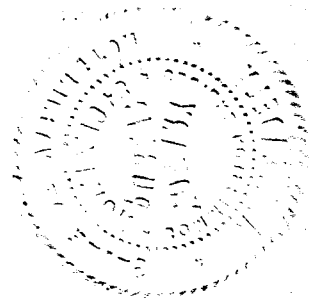
APR 17 1942

AUG 15 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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864 126 004 695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

340637

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bear Lake</u> (b) City <u>Paris</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>Born in Parent's home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>5</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bear Lake</u> (c) City <u>Paris</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>5</u> yrs.	
4. FULL NAME OF CHILD <u>John Freeman Young</u>		3. RESIDENCE OF FATHER (city, state) <u>Paris, Ida</u> 5. Date of Birth of Child (Month, day, year) <u>Apr. 26, 1910</u>	
6. Sex <u>Male</u> 7. Twin or Triplet <u>Just one</u> If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Will H. Young</u> 11. Color <u>White</u> 12. Age at time of THIS birth <u>35</u> yrs. 13. Birthplace <u>Yates Center, Kans.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Bank Cashier</u> 15. Industry or Business <u>Banking</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Minnie May Freeman</u> 17. Color <u>White</u> 18. Age at time of THIS birth <u>34</u> yrs. 19. Birthplace <u>Kansas City, Mo.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive 3 P.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Will H. Young, who is related to this child as Father (First name) (Last name)

25. Attendant's OWN signature John H. Young M.D. Midwife Address Logan, Utah Date 4-7-42
State of..... County of..... } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that (First name) (Last name) who attended this birth..... I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....
(SEAL)..... Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 15 1942 by Mabel E. Fisher, Registrar.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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763 227044 693

340640

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No. no
(d) Name of Hospital or Maternity Home: no
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home no days.
IN THIS county 4 years month days
2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No. no
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address N. dvala
3. RESIDENCE of FATHER (city, state) Midvale, Ida

4. FULL NAME OF CHILD Elizabeth Ann Potter
5. Date of Birth (Month, day year) 12-27-1910
6. Sex female
7. Twin or Triplet 1
8. No. months of Pregnancy 9
9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|--|--|--|
| 10. FULL NAME <u>Isaac Sylvester Potter</u> | 16. FULL MAIDEN NAME <u>Edna E. Wilson</u> | 17. Color <u>white</u> | 18. Age at time of THIS birth <u>19</u> yrs. |
| 11. Birthplace <u>Missouri</u>
(City or town) (State or foreign country) | 17. Color <u>white</u> | 18. Age at time of THIS birth <u>19</u> yrs. | 19. Birthplace <u>Graham Oklahoma Territory</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation <u>Clerk in Store</u> | 20. Exact Occupation <u>House wife</u> | 21. Industry or Business <u>Clerk</u> | 21. Industry or Business <u>No usewife</u> |

22. Name prophylactic used to prevent Ophthalmia Neonatorum no
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead no (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

26. (a) APR 15 1942 (b) (Mother, etc.)
(Date received) (Registrar's signature)
27. Given name added on by and address Date
(Registrar's signature)

State of Idaho } ss.
County of Nez Perce

I, Lura Hilligoss, being first duly sworn, say that I am the aunt
Elizabeth Ann Potter as aunt (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Shmitz (Name of attendant at birth), who attended said birth yes and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

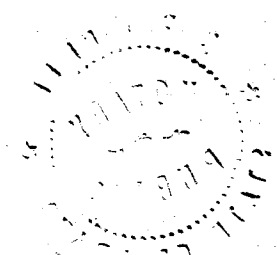
Subscribed and sworn to before me on this 27 day of March 1942
(SEAL) C. P. Dink Notary Public, residing at Lewiston, Idaho
Signature Mrs Lura Hilligoss
P. O. Address Clarkston Washington

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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443-218-019 842

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340644**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County **Custer** (b) City **Makay**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years **9** months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State **Idaho** (b) County **Custer**
(c) City **Makay**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? **9** yrs.

4. FULL NAME OF CHILD **Edna Isabell Mulligan**

3. RESIDENCE OF FATHER (city, state) **Makay, Idaho**
5. Date of Birth of Child
(Month, day, year) **Oct. 18, 1910**

6. Sex **Female** 7. Twin or Triplet **Twin** If so—born 1st, 2nd, 3rd **2nd**

8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD
10. FULL NAME **Edward Mulligan**
11. Color **White** 12. Age at time of THIS birth **32** yrs.
13. Birthplace **Orwell, Nebraska**
(City or town) (State or foreign country)
14. Exact Occupation **Farming**
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME **Rosa Lee Husted**
17. Color **White** 18. Age at time of THIS birth **30** yrs.
19. Birthplace **Blakesburgh, Iowa**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child **3** (b) Born alive and now living **3**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date
Gaddo **Oklahoma**
State of **Oklahoma** County of **Gaddo** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4, above, that I am now **61** years of age, that I have known this person for **like** years, and that **Dr. Charles Baker**, who attended this birth **is now deceased**. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Comm. Exp. **7-11-44**

Rosa Lee Mulligan Signature
Lookaba, Oklahoma P. O. Address

Subscribed and sworn to before me this **11th** day of **April**, 19 **42**
(SEAL) Notary Public, residing at **Lookaba, Oklahoma**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **APR 14 1942** by **M. J. Baker** Registrar.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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443 118 019 842

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

340645
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ouster (b) City Makay
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....

(e) Mother's stay BEFORE delivery:
IN THIS county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ouster
(c) City Makay
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Makay, Idaho

4. FULL NAME OF CHILD Edward George Mulligan

5. Date of Birth of Child
(Month, day, year) Oct. 18, 1910

6. Sex Male 7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward Mulligan
11. Color White 12. Age at time of THIS birth 32 yrs.
13. Birthplace O'Neill Nebraska
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosa Lee Husted
17. Color White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Blakesburg Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oklahoma } ss.
County of Osage

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for life years, and that Dr. Charles Baker who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Comm Exp. 7-11-44

Rosa Lee Mulligan Signature
Lookaba, Okla. Rt. 1 P. O. Address

Subscribed and sworn to before me this 11th day of April, 1942

(SEAL)

Notary Public, residing at Lookaba, Okla

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

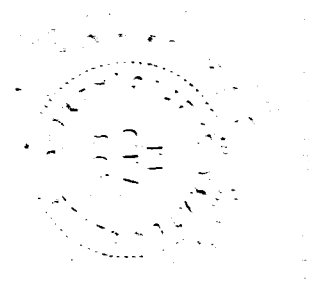
Received for filing on APR 14 1942 by Mabel E. Fisher Registrar.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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165-219 016 259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340646**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years 3 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.

4. FULL NAME OF CHILD Thora Knight Jones

3. RESIDENCE OF FATHER (city, state) Albion, Idaho
5. Date of Birth of Child (Month, day, year) Oct. 19, 1910

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Morgan Jones
11. Color White 12. Age at time of THIS birth 53 yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation Scientist
15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME Maud Louise Knight
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nothing
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Midwife _____ Address _____ Date _____ State of Idaho County of Cassia } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 31 years, and that Dr. R. T. Starck who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 13 day of April, 1942.
(SEAL) _____ Notary Public, residing at Albion, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

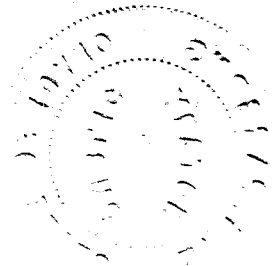
Received for filing on APR 14 1942 by Maud Louise Jones Registrar.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

759-124-028 632

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

340653

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Thauleman (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 914 Millman Ave
(d) Name of Hospital or Maternity Home: at Home " "
(e) Mother's stay BEFORE delivery:
IN THIS county 40 years 2 months ✓ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Thauleman
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 914 Millman
(e) How long has MOTHER lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene Idaho

5. Date of Birth of Child.
(Month, day, year) May 24 = 1910

4. FULL NAME OF CHILD

Armand Vels Perrenoud

6. Sex

Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9-

9. Legitimate? Legal

FATHER OF CHILD

10. FULL NAME

Friz Oscar Perrenoud

11. Color or Race

White

12. Age at time

of THIS birth 31 yrs.

13. Birthplace

Switzerland (City or town) St. Moritz (State or foreign country)

14. Exact Occupation

Drayman

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Harrine Ellen Olson

17. Color or Race

White

18. Age at time

of THIS birth 25 yrs.

19. Birthplace

West Virginia (City or town) Princeton (State or foreign country)

20. Exact Occupation

Waitress

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child.....3 (b) Born alive and now living.....2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 12:15 a.m. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho County of Thauleman ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for..... years, and that

Armand Vels Perrenoud, who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Friz Oscar Perrenoud Signature

P. O. Address

Subscribed and sworn to before me this 14 day of April, 1942

(SEAL)

Armand Vels Perrenoud Notary Public, residing at Princeton etc.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....

APR 15 1942

by

Mary E. Egan

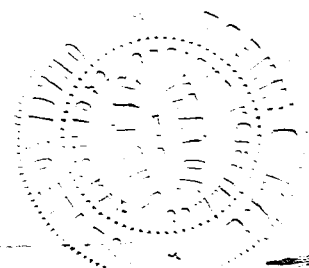
Registrar.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

254108 035 363
United States (Be sure the information is as of date of birth of THIS child)
Department of Commerce
Bureau of the Census
CERTIFICATE OF BIRTH
STATE OF IDAHO
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Myerse (b) City Beck
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
IN THIS county 70 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Myerse
(c) City Beck
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Beck, Ida

4. FULL NAME OF CHILD Carmin Leroy Bemiss

5. Date of Birth of Child (Month, day, year) Apr. 8, 1940

6. Sex Male 7. Twin or Triplet Twin If so - born 1st, 2nd, 3rd, seconds 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Sylvester E. Bemiss

11. Color White 12. Age at time of THIS birth 45 yrs.

13. Birthplace Detroit Michigan
(City or town) (State or foreign country)

14. Exact Occupation Contractor

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora E. Cole

17. Color White 18. Age at time of THIS birth 39 yrs.

19. Birthplace Plummer Michigan
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 6:30 p.m. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Cora Bemiss who is related to this child as Mother
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature J.M. Lyle M.D. Midwife Address Lewiston Ida Date 4-13-42

State of..... } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....
(SEAL) Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by Mary E. Lyle Registrar.

APR 17 1942

JAN 31 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

254-208 035-363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

340681

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County My Place (b) City Beck
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County My Place
(c) City Beck
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 10 yrs.

4. FULL NAME OF CHILD

Crystal Leota Bemiss

5. Date of Birth of Child

(Month, day, year) Apr. 8, 1910

6. Sex

Female

7. Twin or
Triplet Twin

If so—born
1st, 2nd, 3rd First

8. No. months
of Pregnancy 9

9. Legitimate? Yes

10. FULL NAME

Lester E. Bemiss

11. Color
or Race White

12. Age at time
of THIS birth 4.5 yrs.

13. Birthplace

Detroit

Michigan

(City or town)

(State or foreign country)

14. Exact
Occupation Contractor
15. Industry or
Business

16. FULL MAIDEN NAME

Cora E. Cole

17. Color
or Race White

18. Age at time
of THIS birth 30 yrs.

19. Birthplace

Plainville

Michigan

(City or town)

(State or foreign country)

20. Exact
Occupation Housewife
21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 6:15 P. M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Cora Bemiss, who is
related to this child as Mother
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature JM. Lyle

M.D.
Midwife

Address Lewiston Id Date 4-13-12

State of.....ss.
County of.....

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears
in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that
(First name) (Last name) (Mother, etc.)

....., who attended this birth..... I further state that
(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by Mary E. Lyle, Registrar.

SEP 24 1975

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340688**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **LATAH** (b) City **TROY**
(c) Street Address or R.F.D. No. **#2**
(d) Name of Hospital or Maternity Home:
in home
(e) Mother's stay BEFORE delivery:
IN THIS county **6** years **1** months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **IDAHO** (b) County **LATAH**
(c) City **TROY**
(d) Street Address or R.F.D. No. **2**
(e) How long has MOTHER lived in Idaho? **6** yrs.

3. RESIDENCE OF FATHER (city, state) **Troy, Idaho**

4. FULL NAME OF CHILD **REUBEN RUDOLPH JOHNSON**

5. Date of Birth of Child
(Month, day, year) **DEC. 3rd 1910**

6. Sex **Male**

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy **9**

9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME **OTTO LENUS JOHNSON**

11. Color **WHITE** 12. Age at time
or Race **of THIS birth** **44** yrs.
13. Birthplace **VESTER GATLAND Sweden**
(City or town) (State or foreign country)
14. Exact
Occupation **Farmer**
15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME **ELLEN PAULINE JOHNSON**

17. Color **White** 18. Age at time
or Race **of THIS birth** **34** yrs.
19. Birthplace **Norway**
(City or town) (State or foreign country)
20. Exact
Occupation **Housewife**
21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **4th** (b) Born alive and now living **4**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of **IDAHO**
County of **LATAH** } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Cousin** of the person whose name appears
in Item 4, above, that I am now **48** years of age, that I have known this person for **31 (31)** years, and that
Mrs. John Wickstrand who attended this birth **is now deceased**. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located).
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Troy, Idaho

Signature

P. O. Address

Subscribed and sworn to before me this **14th** day of **March** **APRIL**, 1942
(SEAL)

Notary Public, residing at **Troy, Idaho**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

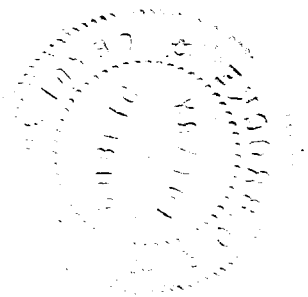
Received for filing on **APR 16 1942** by **Marj E. Fisher**, Registrar.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

331 221 006-614

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340693**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Taylor
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Taylor
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Dora - Clark

5. Date of Birth of Child
(Month, day, year) July 21st. 1910

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Clarence - Clark
11. Color White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Ogden City Utah
(City or town) (State or foreign country)
14. Exact Occupation Farming & Saw Mill
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Jane Wadsworth
17. Color White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Hooper, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of California ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of Los Angeles

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 32 years, and that Lucy Wadsworth who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. A. LAWLER
NOTARY PUBLIC
Subscribed and sworn to before me this 20th day of April, 1942
In and for the County of Los Angeles, State of California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Signature Clarence Clark
6254 Home Ave; Bell, California. P. O. Address

Received for filing on APR 16 1942 by Mabel Beeler, Registrar.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

245-229 007 984

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340705**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (At time of this birth)
(a) County Blaine (b) City Near Corral
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
Dr. McMannis
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Near Corral
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 9 mos. yrs.
3. **RESIDENCE OF FATHER** (city, state) Corral, Idaho

4. **FULL NAME** Gertrude Rhuby Kunkel
OF CHILD

5. Date of Birth of Child Dec. 29, 1910
(Month, day, year)

6. Sex Female 7. Twin or Triplet None If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Arthur Andrew Fredrick Kunkel
11. Color White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Michigan City Indiana
(City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business Barbering

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie Rhuby
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Vinning, Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 32 years, and that Dr. McMannis who attended this birth (if living, unknown) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 14th day of April, 1942.
(SEAL) Marie Kunkel X. Signature
8059 - 11th Avenue N. W. P. O. Address
Notary Public, residing at Seattle
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by Marie Kunkel Registrar.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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299-120025-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340709**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
IN THIS county 19 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 19 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ralph Rayborn Kirtley
5. Date of Birth of Child
(Month, day, year) Dec 20, 1910
6. Sex m 7. Twin or Triplet XX If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|-------------------------------|--|-------------------------------|--|
| 10. FULL NAME | <u>Ralph R. Kirtley</u> | 16. FULL MAIDEN NAME | <u>Grace Adeline Fitting</u> |
| 11. Color or Race | <u>white</u> | 17. Color or Race | <u>white</u> |
| 12. Age at time of THIS birth | <u>30</u> yrs. | 18. Age at time of THIS birth | <u>19</u> yrs. |
| 13. Birthplace | <u>Drain Oregon</u>
(City or town) (State or foreign country) | 19. Birthplace | <u>Palouse Wash</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation | <u>laborer</u> | 20. Exact Occupation | <u>housewife</u> |
| 15. Industry or Business | <u>laborer</u> | 21. Industry or Business | <u>housewife</u> |

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was 7 at P.M. on the date 7
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Anna Louise Smith, who is related to this child as (Mother, etc.)
(First name) (Last name)

25. Attendant's **OWN** signature Anna Louise Smith M.D. Midwife Address Kooskia Idaho Date April 15, 1942
- State of Idaho County of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 32 years, and that Anna Louise Smith, who attended this birth is now deceased I further state that (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

Subscribed and sworn to before me this 15 day of April, 1942.
(SEAL) Floyd A. Jensen Notary Public, residing at Kooskia Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 15 1942 by Mary E. Jensen, Registrar.

APR 17 1942

REC 20

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340713**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Star
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Star, Idaho

4. FULL NAME OF CHILD Robert Marion Wright

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) June 4, 1910

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Ralph Wright
11. Color White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Belington West Virginia
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha May Baker
17. Color White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Southwick Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Naz Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 31 years, and that Dr. Hall who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert Ralph Wright Signature
Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 13 day of April 1942
(SEAL) Paul H. Hargrave Notary Public, residing at Lewiston, Idaho
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 15 1942 by Marj H. Hargrave Registrar.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

514-123 014-266

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340738**
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Carson (b) City Nampa
(c) Street Address or R.F.D. No. U.I. Sugar Factory grounds
(d) Name of Hospital or Maternity Home: SUGAR FACTORY-APTS.
(e) Mother's stay BEFORE delivery:
IN THIS county 5 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Carson
(c) City Nampa
(d) Street Address or R.F.D. No. SUGAR FACTORY
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

JULIAN NORMAN VAUDREY

6. Sex male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) May 23, 1910

8. No. months
of Pregnancy 9

9. Legitimate? yes

10. FULL NAME OF FATHER OF CHILD

Steven Joe Vandrey
11. Color white 12. Age at time of THIS birth 38 yrs.
13. Birthplace Rockwood, Michigan
(City or town) (State or foreign country)
14. Exact Occupation Millwright
15. Industry or Business SUGAR FACTORY

MOTHER OF CHILD

16. FULL MAIDEN NAME BERTHA Lynn Sooter
17. Color white 18. Age at time of THIS birth 26 yrs.
19. Birthplace Springfield, Mo.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at Chloe M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Stephen Vandrey, who is related to this child as father (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature J. W. Murray M.D. Midwife Address Nampa Ida Date April 13, 1942

State of..... } ss.
County of..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....
(SEAL) Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by Mary E. Sooter, Registrar.

MAR 13 1972

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

465-230003-351

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

340762
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Love</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>Larkins Ranch (just visiting)</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Love</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>30</u> yrs.	
4. FULL NAME OF CHILD <u>Blanche Violet Montague</u>		3. RESIDENCE OF FATHER (city, state) <u>Love, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>March 30, 1910</u>	
6. Sex <u>Female</u> 7. Twin or Triplet <u>no</u> If so, born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>6 mo.</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>William Edward Montague</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>22</u> yrs. 13. Birthplace <u>Idaho</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Blacksmith</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mabel Pauline Leach</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>22</u> yrs. 19. Birthplace <u>Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature.....**M.D.**.....**Address**.....**Date**.....
State of California ss.
City of Los Angeles

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 30 years, and that Dora Larkins, who attended this birth can not be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel P. Montague Signature
5122 Towne Ave. Los Angeles, Cal P.O. Address

Subscribed and sworn to before me this 16 day of April, 1942
(SEAL) Louis J. Galligan Notary Public, residing at Los Angeles, Cal
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

Received for filing on.....by Mabel P. Montague Registrar.

APR 16 1942

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

X 313 223-319
APR 18 1942

340786 340786

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County FREMONT (b) City STANTHONY
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: RESIDENT
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City STANTHONY
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 6 yrs.
3. **RESIDENCE OF FATHER** (city, state) STANTHONY, IDAHO
5. Date of Birth of Child
(Month, day, year) NOV. 23rd 1910

4. **FULL NAME OF CHILD** ANNIE MATILDA CALDWELL
6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy NINE 9. Legitimate? YES

FATHER OF CHILD
10. **FULL NAME** CHARLES CALDWELL
11. Color WHITE 12. Age at time of THIS birth 25 yrs.
13. Birthplace SALT LAKE CITY, UTAH
(City or town) (State or foreign country)
14. Exact Occupation PLASTERER
15. Industry or Business BUSINESS

MOTHER OF CHILD
16. **FULL MAIDEN NAME** LOTTIE CARLSON
17. Color WHITE 18. Age at time of THIS birth 20 yrs.
19. Birthplace SWEDEN
(City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum BORIC ACID
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE at 10 P M. on the date Nov. 23, 1942 and at the place stated above, and that personal particulars were furnished by CHARLES CALDWELL, who is related to this child as FATHER
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN signature** M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 31 years, and that RENA MYRA WILSON, who attended this birth IS NOW DECEASED. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Caldwell Signature
1166 East 65th Street Los Angeles, Cal. Address

Subscribed and sworn to before me this 11th day of April, 1942
(SEAL) Charles Wilson Notary Public, residing at 7122 Compton Ave. Los Angeles, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code) Notary Commission Expires Oct. 8, 1945

Received for filing on APR 14 1942 by Mary E. Lefer Registrar.

APR 23 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

266 212 006 847

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

340796 340796

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Blackfoot
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home

(e) Mother's stay BEFORE delivery: at home
IN THIS county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine
(c) City Blackfoot
(d) Street Address or R.F.D. No. 3
(e) How long has MOTHER lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD

Wanda Lucille Bowen

5. Date of Birth of Child
(Month, day, year) 6-12-1910

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles M. Bowen Jr.
11. Color White 12. Age at time of THIS birth 20 yrs.
13. Birthplace Brigham City Utah
(City or town) (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Hughes
17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housekeeping
21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 6 a. M. on the date June 12, 1910 and at the place stated above, and that personal particulars were furnished by Mary A. Bowen, who is related to this child as Mother (First name) (Last name)

25. Attendant's OWN signature Edwin Cutler Address Shelley Ida Date 3-21-47

State of Idaho ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the attendant of the person whose name appears in Item 4, above, that I am now 20 years of age, that I have known this person for 20 years, and that Mary A. Bowen, who attended this birth, is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address

Subscribed and sworn to before me this 21 day of March, 1947

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1947 by Mary E. Eder, Registrar.

6018

OFFICE OF THE
CLERK OF THE DISTRICT COURT

APR 20 1921

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Edwin J. [unclear] 19.
[unclear]
[unclear]

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Heyburn
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
IN THIS county _____ years _____ months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida (b) County Minidoka
(c) City Heyburn
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 8 yrs.

4. FULL NAME OF CHILD Elaine Rae Bell
6. Sex F 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

3. RESIDENCE OF FATHER (city, state) Heyburn
5. Date of Birth of Child (Month, day year) Nov 24, 1910
8. No. months of Pregnancy full term 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME James Frank Bell
11. Color _____ 12. Age at time of THIS birth 31 yrs.
13. Birthplace W. Parson Kansas (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Cuba Mae Barker
17. Color _____ 18. Age at time of THIS birth 27 yrs.
19. Birthplace Bloomfield Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Ag. H₂O, Ial.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 8:10 P. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

25. Attendant's OWN signature _____ M.D. _____ Midwife _____ Address _____ Date 3-30-42
State of Idaho County of Minidoka } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the _____ mother _____ of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 31 years, and that VV R. Killen is now deceased _____, who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cuba Mae Bell Signature
Heyburn, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of March, 1942
(SEAL) _____ Notary Public, residing at Rupert, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 18 1942 by Mary Elder Registrar.
send to Mrs Christa minian R.R. 1 Boise.

APR 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285 229 035-255

340819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340819**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Pearce (b) City Culdesac
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 16 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Pearce
(c) City Culdesac
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 16 yrs.
3. **RESIDENCE OF FATHER** (city, state) Culdesac Idaho

4. **FULL NAME OF CHILD** Bonitta Ora Sheffler
5. Date of Birth of Child
(Month, day, year) July 29, 1910
6. Sex female 7. Twin or Triplet one If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Theodore Wilson Sheffler
11. Color white 12. Age at time of THIS birth 28 yrs.
or Race
13. Birthplace Wichita Kansas
(City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Bessie Gladys Snell
17. Color white 18. Age at time of THIS birth 19 yrs.
or Race
19. Birthplace Adair County, Iowa
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature Washington M.D. Address Date
King Midwife

State of Washington County of King } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 31-2/3 years, and that Doctor Ragsdale who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ms Bessie Gladys Giddings Signature
116 Nob Hill Ave., Seattle, Wash. O. Address

Subscribed and sworn to before me this 15th day of April, 1942
(SEAL) [Signature] Notary Public, residing at Seattle, Wash.

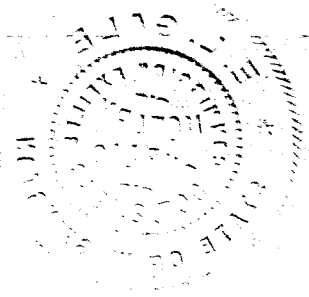
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Apr 17 1942 by Mary E. Elder, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

663115036-789

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340842**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Dayton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Dayton
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6.8 yrs.

4. FULL NAME OF CHILD Ralph Thomas Collett

5. Date of Birth of Child
(Month, day, year) April 15, 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Daniel Ward Collett
11. Color White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Smithfield Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Sarah Lottie Phillips
17. Color White 18. Age at time of THIS birth 38 yrs.
19. Birthplace Brigham City Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Aquaphor
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____
Midwife Address _____ Date _____
State of California County of San Diego } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 6.9 years of age, that I have known this person for 2 years, and that Dr. Emery, who attended this birth can not be located. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Lottie Collett Signature
Encinitas California P. O. Address
Subscribed and sworn to before me this 16th day of April, 1942
(SEAL) Notary Public Notary Public, residing at Encinitas
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

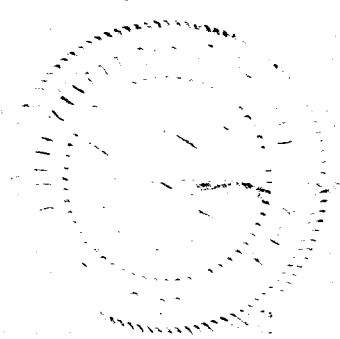
Received for filing on APR 17 1942 by Marj E. Esler Registrar.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

319-204 036-764

340850

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Oneida (b) City Dayton
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Confined at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 5 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Oneida
(c) City Dayton
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 3 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Dayton, Idaho

4. FULL NAME OF CHILD Della Blanche Larsen

5. Date of Birth of Child
(Month, day, year) Sep. 4, 1910

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Paul R. Larsen
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Rockcreek Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Caroline Serilda Godfrey
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Clarkston Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date
State of Idaho County of Franklin } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 31 years, and that Sarah Phillips, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Shepherd Signature
Dayton, Idaho P. O. Address
Subscribed and sworn to before me this 15th day of April, 1942.
(SEAL) Notary Public, residing at Preston, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by Mabel G. Fisher, Registrar.

APP 21 1911

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962 129 006-639

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340862**
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. R.F.D. #4
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 25 years 2 months 29 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. R.F.D. #4
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

4. FULL NAME OF CHILD. John Vernon Robinson

3. RESIDENCE OF FATHER (city, state) Blackfoot Id
5. Date of Birth of Child.
(Month, day, year) June 29, 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Brigham Robinson
11. Color white **12. Age at time** 41 yrs.
or Race white of THIS birth
13. Birthplace. American Fork Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Matilda Oliverson
17. Color white **18. Age at time** 40 yrs.
or Race white of THIS birth
19. Birthplace. Franklin Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housework

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Argarol
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 8:00 M. on the date June 29, 1910
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Matilda Oliverson, who is related to this child as (First name) (Last name)

25. Attendant's OWN signature M. E. Schue **M.D.** Blackfoot Id **Address** Blackfoot Id **Date** June 29, 1910
State of California **County of** Los Angeles } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 31 years, and that Dr. V. E. Patrie, who attended this birth Cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

WALTER M. JOHNSON - NOTARY PUBLIC
IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA
Subscribed and sworn to before me this 21st day of March, 1914
(SEAL) Walter M. Johnson Notary Public, residing at 7656 AVALON BLVD.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Los Angeles, Calif.
My Commission Expires October 21, 1915

Received for filing on APR 17 1942 by Marj Registrar.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



296-220-014-719 APR 11 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **340916**
Local Reg. No. **89**
Reg. Dist. No. **360**

1. PLACE OF BIRTH (All items at time of this birth)
(a) County **Canyon** (b) City **Caldwell**
(c) Street Address or R.F.D. No. **Residence**
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county **5** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State **Idaho** (b) County **Canyon**
(c) City **Caldwell**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? **5** yrs.

4. FULL NAME OF CHILD **Neta Marie Brooks**

5. Date of Birth of Child
(Month, day, year) **Apr 20-1910**

6. Sex **Female** **7. Twin or Triplet** **If so—born 1st, 2nd, 3rd**

8. No. months of Pregnancy **9. Legitimate?** **Yes**

FATHER OF CHILD
10. FULL NAME **William M. Brooks**
11. Color or Race **White** **12. Age at time of THIS birth** **43** yrs.
13. Birthplace **Tennessee**
(City or town) (State or foreign country)
14. Exact Occupation **Merchant**
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME **Martha Parks**
17. Color or Race **White** **18. Age at time of THIS birth** **39** yrs.
19. Birthplace **Tennessee**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **1% Silver Nitrate**
23. Number of children of this mother: (a) At time of birth and including this child **5** (b) Born alive and now living **4**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **alive** at **5** P. M. on the date **5-10** (Born alive—stillborn)
and at the place stated above, and that personal particulars were furnished by **Martha Brooks** who is related to this child as **mother** (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature **M. Aley** **M.D.** **Midwife** **Address** **Caldwell Id** **Date**
State of **Id** **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of **Id**

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth _____ I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address
Subscribed and sworn to before me this _____ day of _____, 19____
(SEAL) _____ Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on **March 25, 1942** by **Martha Brooks** Registrar.

SEP 15 1938

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

340931
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County... Banner (b) City... Sandpoint
(c) Street Address or R.F.D. No. ... 607 Lake St.
(d) Name of Hospital or Maternity Home: Barn at residence
(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years 3 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State... Idaho (b) County... Banner
(c) City... Sandpoint
(d) Street Address or R.F.D. No. ... 607 Lake St.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Gertrude Lucille Stuart (Bye)

5. Date of Birth of Child
(Month, day, year) March 30, 1910

6. Sex F 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Brooks Stuart
11. Color White 12. Age at time of THIS birth... 33 yrs.
13. Birthplace... Wausau, Wis.
(City or town) (State or foreign country)
14. Exact Occupation Feed and Seed Dealer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Mae Jaeger (Stuart)
17. Color White 18. Age at time of THIS birth... 29 yrs.
19. Birthplace... Davray, Minn.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum... Usual preventative
23. Number of children of this mother: (a) At time of birth and including this child... 4 (b) Born alive and now living... 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was... at... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by... who is related to this child as...
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of... Idaho
County of... Banner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the... Mother of the person whose name appears in Item 4, above, that I am now... 61 years of age, that I have known this person for... 32 years, and that... Onas Page who attended this birth... I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Mrs.) Clara M. Stuart Signature
Sandpoint Idaho P. O. Address

Subscribed and sworn to before me this... 14th day of... April, 1910
(SEAL) Francis J. Long Probate Judge, Notary Public, residing at... Sandpoint Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on... APR 16 1912 by... Marcel J. Butler Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

819 202-016-195

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

340944

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City 9 miles from
(c) Street Address or R.F.D. No. Do not Heyburn
(d) Name of Hospital or Maternity Home: remember
At home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia
(c) City 9 miles from Heyburn
(d) Street Address or R.F.D. No. Do not remember
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) 9 miles from
Heyburn, Idaho
5. Date of Birth of Child
(Month, day, year) 9-2-1910

4. FULL NAME OF CHILD

Susie Irene Harbaugh

6. Sex Female

7. Twin or Triplet No

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Lewis Elwin Harbaugh

11. Color White 12. Age at time of THIS birth 36 yrs.

13. Birthplace Chariton County, Missouri
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Evelyn Arnold

17. Color White 18. Age at time of THIS birth 39 yrs.

19. Birthplace Brown County, Illinois
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 31 years, and that Dr. Killen who attended this birth cannot be located I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Evelyn Harbaugh Signature
1131 N. Brand Blvd. Apt. 5 Glendale, P.O. Address
Glendale, California

Subscribed and sworn to before me this 15th day of April, 19 42

(SEAL)

M. C. Jewell

Notary Public, residing at 542 West Dryden St.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Glendale, California

Received for filing on

APR 17 1942

by

M. C. Jewell

Registrar.

APR 21 1942

APR 1 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child; or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

596127030613
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

340996
State File No. 340996
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Lemhi (b) City Junction
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
IN THIS county years seven months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Lemhi
(c) City Junction
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 22 yrs.

4. FULL NAME OF CHILD

George Leroy Ervin

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child
(Month, day, year) March 27 1910

6. Sex Male Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George W. Ervin
11. Color White 12. Age at time of THIS birth 41 yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Walker
17. Color White 18. Age at time of THIS birth 44 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of Idaho County of Ada ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for Life 32 years, and that _____, who attended this birth Dr. Ray Walker I further state that _____ (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 29th day of April, 1943
(SEAL) _____ Secretary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by Mabel E. Elder Registrar.

APR 21 1942

NOV 22 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



369-225044-165

341026

341026

United States **APR 2 1912**
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Washington</u> (b) City <u>Midvale</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>In own home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>30</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Midvale</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>30</u> yrs. 3. RESIDENCE OF FATHER (city, state) <u>Midvale, Idaho</u>	
4. FULL NAME OF CHILD <u>Edna Florence Cornett</u>		5. Date of Birth of Child (Month, day, year) <u>January 25, 1910</u>	
6. Sex <u>Female</u>		7. Twin or Triplet <u>- -</u> If so—born <u>1st, 2nd, 3rd</u>	
8. No. months of Pregnancy <u>9</u>		9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Isaac W. Cornett</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>30</u> yrs. 13. Birthplace <u>Benton County, Oregon</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Ollie T. Jones</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>30</u> yrs. 19. Birthplace <u>Weiser, Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 2 A. M. on the date January 25, 1910
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by my own recollection, which is related to this child as
 (First name) (Last name)
 (Mother, etc.)

25. Attendant's OWN signature Isaac W. Cornett **MR. Father** **Address** **Date**
 State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 County of Washington

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 30 years of age, that I have known this person since birth years, and that Isaac W. Cornett, who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

 Signature

 P. O. Address

Subscribed and sworn to before me this 23 day of April, 1912.

(SEAL) _____ Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1912 by Mary E. Eder, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

29 20-003-766

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

341034

341034

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>BANNOCK</u> (b) City <u>POCATELLO</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>HOME OF MRS WETHERSPOON</u> (e) Mother's stay BEFORE delivery: <u>IN THIS county</u> years months <u>30</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>BINGHAM</u> (c) City <u>BLACKFOOT</u> (d) Street Address or R.F.D. No. <u>E ALICE</u> (e) How long has MOTHER lived in Idaho? <u>30</u> yrs.	
4. FULL NAME OF CHILD <u>WILLIAM ANDREW BAIRD</u>		3. RESIDENCE OF FATHER (city, state) <u>BLACKFOOT IDA.</u> 5. Date of Birth of Child (Month, day, year) <u>11-20- 1910</u>	
6. Sex <u>MALE</u>	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy
FATHER OF CHILD 10. FULL NAME <u>JAKE BAIRD</u> 11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>50</u> yrs. 13. Birthplace <u>WEST CHESTER PENNA.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>STOCKMAN</u> 15. Industry or Business <u>CATTLE-RAISING</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>DORA GOODENOUGH</u> 17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth <u>33</u> yrs. 19. Birthplace <u>CORIN UTAH</u> (City or town) (State or foreign country) 20. Exact Occupation <u>HOUSEWIFE</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child...3... (b) Born alive and now living...4...

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature DR. CASTLE-DEAD M.D. Address Date
IDAHO
State of.....County of ADA } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....**MOTHER**.....of the person whose name appears in Item 4, above, that I am now.....64.....years of age, that I have known this person for.....31.....years, and that.....**DR. CASTLE**....., who attended this birth.....**IS NOW DECEASED**..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Jake Baird
ROUTE 2 BOISE IDAHO

Subscribed and sworn to before me this 24 day of April, 1942
(SEAL) W. C. M. Gray Notary Public, residing at Boise, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.)

Received for filing on.....APR 24 1942.....by Mary E. Egan....., Registrar.

APR 24 1942

MAY 1 1942

MAY 9 1942

FEB 24 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

264 129 009 513

341037

341037

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Priest River
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county 7 years 8 months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Priest River
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 7 yrs. yrs.
3. **RESIDENCE OF FATHER** (city, state) Priest River, Id

4. **FULL NAME OF CHILD** Peter Bombino

5. Date of Birth of Child
(Month, day, year) Nov.-29th.-1910

6. Sex Male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Bruno Bombino
11. Color White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Grimaldi Italy
(City or town) (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business Lumbering

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Naccarato
17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Grimaldi Italy
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. None
23. Number of children of this mother: (a) At time of birth and including this child. 3 (b) Born alive and now living. 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature Idaho M.D. Address Date
Midwife

State of.....
County of.....Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 31 years, and that Rose Bombino who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine Bombino Signature
Box-513, Priest River, Idaho. P. O. Address

Subscribed and sworn to before me this 20th day of April, 19 42
(SEAL) Rick M. Lean Notary Public, residing at Priest River

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 22 1942 by Mary E. Eder, Registrar.

APR 24 1958

AUG 27 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515 718 025 168

341046

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City White Bird
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 18 years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City White Bird
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

4. **FULL NAME OF CHILD** Martin Adam Vandeburgh
6. Sex Male 7. Twin or Triplet - If so—born 1st, 2nd, 3rd -

3. **RESIDENCE OF FATHER** (city, state) White Bird, Idaho
5. Date of Birth of Child (Month, day, year) May 18, 1910
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Peter Vandeburgh
11. Color White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Dayton Washington
(City or town) (State or foreign country)
14. Exact Occupation Druggist
15. Industry or Business White Bird Pharmacy

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Violet Johnson
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace St. Jose Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Violet Vandeburgh, who is related to this child as mother (First name) (Last name)

25. Attendant's **OWN** signature Electa Lazard M.D. Midwife Address 1513 1st street, Susanville, Cal. Date April 17, 1942

State of California County of Lassen } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that Dr. Andrew Faskett, who attended this birth is now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 16th day of April, 1942.
(SEAL) Electa Lazard Notary Public, residing at Susanville, California.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Apr 17 1942 by Mabel E. Lazard Registrar.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

743-211 025 455

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

341058

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Westlake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county 23 years 9 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Westlake
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 23 yrs.

4. FULL NAME OF CHILD Mabel Agnes Putnam

3. RESIDENCE OF FATHER (city, state) Westlake Idaho
5. Date of Birth of Child
(Month, day, year) Aug-11-1910

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Emmett Putnam
11. Color White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Idaho
(City or town) (State or foreign country)
14. Exact Occupation General Merchandise
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME May Rose Denham
17. Color White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon County of Clark ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 31 years, and that Parrish, who attended this birth yes I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139 1937 Session Laws.

May R. Putnam Hall Signature
Independence, Ore P. O. Address

Subscribed and sworn to before me this 15 day of April, 1942
(SEAL) Advised Notary Public, residing at Notary Public for Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires Mar. 19, 1946

Received for filing on APR 17 1942 by Marj Registrar.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

386 214 021 316

341075

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Franklin (b) City Whitney
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Own home
(e) Mother's stay BEFORE delivery:
IN THIS county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Franklin
(c) City Whitney
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 3.5 yrs.

**4. FULL NAME
OF CHILD**

Miss Thompson

6. Sex

Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Walter George Thompson
11. Color White 12. Age at time
or Race of THIS birth 37 yrs.
13. Birthplace Richmond, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Caroline Lawrence
17. Color White 18. Age at time
or Race of THIS birth 35 yrs.
19. Birthplace Preston, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature M.D. Address Date

- State of Idaho County of Franklin ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

- I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears
in Item 4, above, that I am now 69 years of age, that I have known this person for 33 years, and that
Dr. Allen K. Cutler who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

- Walter George Thompson Signature
Richmond, Utah P. O. Address
April 1942
Subscribed and sworn to before me this 69th day of.....
(SEAL) W. J. Plant Jr. Notary Public, residing at Richmond, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

- Received for filing on APR 20 1942 by Mary E. Bluff Registrar.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

253-116 024-418

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

341086
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Gooding (b) City Gooding
(c) Street Address or R.F.D. No. 3 st.
(d) Name of Hospital or Maternity Home:
RESIDENCE
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Gooding
(c) City Gooding
(d) Street Address or R.F.D. No. 3 st.
(e) How long has MOTHER lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Gooding, Idaho

5. Date of Birth of Child
(Month, day, year) 2-16-1910

4. FULL NAME OF CHILD

Sidney Dayton Kelley

6. Sex Male
7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Kelley
11. Color White 12. Age at time of THIS birth 45 yrs.
13. Birthplace Huntsville, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Daisy Pirls Dayton
17. Color White 18. Age at time of THIS birth 38 yrs.
19. Birthplace Cedar Fort, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Oregon ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Crook

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 32 years, and that DR DEE HIGGS, who attended this birth, CANNOT BE LOCATED. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC FOR OREGON

Mrs. Epaisie Pirls Kelley (Mrs. Joseph) Signature
Redmond, Oregon P. O. Address

Subscribed and sworn to before me this 16th day of April, 19 42.

(SEAL) Theresa H. Cox Notary Public, residing at Prineville, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by W. L. ... Registrar.

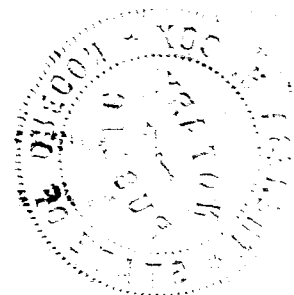
APR 21 1942-

MAY 4 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



249-228 016-399

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **341096**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County..... (b) City <u>Burley</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Blaine</u> (c) City <u>Burley</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>Ida B. Blanche Buzzard</u>		5. Date of Birth of Child (Month, day, year) <u>July 28, 1910</u>	
6. Sex <u>girl</u>	7. Twin or Triplet If so— <u>born</u> 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Charles Edward Buzzard</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>28</u> yrs. 13. Birthplace <u>Colorado, Crested Butte</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Nora Isabelle Trickett</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>21</u> yrs. 19. Birthplace <u>Eckert Colorado</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum 23. Number of children of this mother: (a) At time of birth and including this child... <u>2</u> ... (b) Born alive and now living... <u>2</u> ...			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 5 M. on the date (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as Mother (First name) (Last name)
 (Mother, etc.)

25. Attendant's OWN signature N **M.D.** **Midwife** **Address** **Date**

State of Colorado
County of Delta } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that (First name) (Last name) who attended this birth. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora Isabelle Buzzard Signature
Cedarvale, Colo. P. O. Address

Subscribed and sworn to before me this 17 day of April, 1942

(SEAL)

David E. Egan Notary Public, residing at Cedarvale

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Marjorie S. Jones, Registrar.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

239 219 012-593

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **341139**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Butte (b) City Mackay
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 30 yrs.

4. FULL NAME OF CHILD Doris Edna Stine

3. RESIDENCE OF FATHER (city, state) Mackay Idaho
5. Date of Birth of Child (Month, day, year) Feb 19 1910

6. Sex female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Rinaldo Rodney Stine
11. Color White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Bellvue Idaho
(City or town) (State or foreign country)
14. Exact Occupation Mincer
15. Industry or Business Mines

MOTHER OF CHILD
16. FULL MAIDEN NAME Lula Ann. Nichols
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Bellvue Idaho
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business house keeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Oregon County of Linn ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Grand mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 32 years, and that Dr. Richards who attended this birth at Mackay Idaho I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

MY COMMISSION EXPIRES NOVEMBER 13, 1945.

Mary P. Nichols Signature
411 East 2nd P. O. Address

Subscribed and sworn to before me this 31 day of March, 1942.
(SEAL) Robert W. Lipp Notary Public, residing at 1610 1/2
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-514, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Mary E. Ebeling Registrar.

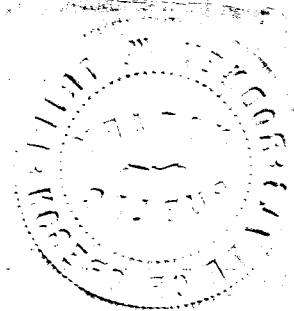
MAR 6 1970

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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669-217032 396

341183

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County LINCOLN (b) City DIETRICH
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home:
RESIDENCE
(e) Mother's stay BEFORE delivery:
IN THIS county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State IDAHO (b) County LINCOLN
(c) City DIETRICH
(d) Street Address or R.F.D. No. NONE
(e) How long has MOTHER lived in Idaho? 2 mos. yrs.

3. RESIDENCE OF FATHER (city, state) DIETRICH IDAHO

4. FULL NAME OF CHILD

HAROLD DONNEL WORTH

5. Date of Birth of Child

(Month, day, year) APRIL 17, 1910

6. Sex

BOY

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

YES

FATHER OF CHILD

10. FULL NAME

ORA HARRISON WORTH

11. Color or Race

WHITE

12. Age at time of THIS birth

21 yrs.

13. Birthplace

SOUX CITY

IOWA

(City or town)

(State or foreign country)

14. Exact Occupation

HORTICULTURIST

15. Industry or Business

PLANTING ORCHARDS

MOTHER OF CHILD

16. FULL MAIDEN NAME

MARY LU CROFT

17. Color or Race

WHITE

18. Age at time of THIS birth

20 yrs.

19. Birthplace

KIRKMAN

IOWA

(City or town)

(State or foreign country)

20. Exact Occupation

HOUSE WIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of NEBRASKA } ss.
County of DOUGLAS

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4 above, that I am now 52 years of age, that I have known this person for 32 years, and that

Alice Croft
(First name) (Last name)

who attended this birth DECEASED. I further state that
(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 17th day of April, 1910

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MARY LU WORTH

Signature

1621 E 4th St. OMAHA, NEBR.

P. O. Address

James A. Murawski Notary Public, residing at Omaha Neb.

Received for filing on

APR 18 1942

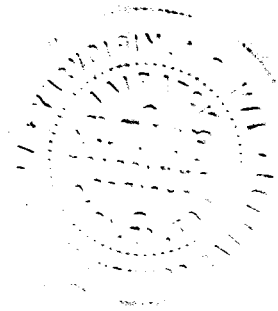
by

Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

341226

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Grangeville</u> (c) Street Address or R.F.D. No. <u>X</u> (d) Name of Hospital or Maternity Home: <u>X</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>6</u> years <u> </u> months <u> </u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Grangeville</u> (d) Street Address or R.F.D. No. <u>X</u> (e) How long has MOTHER lived in Idaho? <u>38</u> yrs.	
4. FULL NAME OF CHILD <u>JAMES</u> <u>Milan J. Reynolds</u>		3. RESIDENCE OF FATHER (city, state) <u>Grangeville,</u> 5. Date of Birth of Child (Month, day, year) <u>Dec. 3rd. 1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>X</u>	If so—born 1st, 2nd, 3rd <u>X</u>	8. No. months of Pregnancy <u>9</u>
FATHER OF CHILD 10. FULL NAME <u>Frank Reynolds</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>22</u> yrs. 13. Birthplace <u>Monterey</u> <u>Virginia</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Rural Mail Carrier</u> 15. Industry or Business <u>Post office Dept.</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Caroline Van Horn</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>22</u> yrs. 19. Birthplace <u>Boscobel</u> <u>Wisconsin</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>X</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>X</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was X at X M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by X, who is related to this child as X (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature X M.D. Midwife Address X Date
State of Idaho County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 31 plus years, and that Dr. G. S. Stockton is now deceased who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank Reynolds Signature
Grangeville, Idaho. P. O. Address

Subscribed and sworn to before me this 14 day of April, 1942
(SEAL) W. R. Rotherwee Notary Public, residing at Grangeville, Id.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Mabel E. Fisher, Registrar.

APR 21 1942

AUG 18 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope, bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

354 104 032-685

341239

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County <u>Lincoln</u> (b) City <u>Jerome</u> (c) Street Address or R.F.D. No. <u>---</u> (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home <u>---</u> days. IN THIS county <u>1</u> years month days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Lincoln</u> (c) City <u>Jerome</u> (d) Street Address or R.F.D. No. <u>---</u> (e) How long has MOTHER lived in Idaho? <u>41</u> yrs. (f) Mother's mailing address <u>Spencer, Idaho</u>	
4. FULL NAME OF CHILD <u>Houston Alvin Lemons</u>		3. RESIDENCE of FATHER (city, state) <u>Spencer, Ida.</u>	
6. Sex <u>Male</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		5. Date of Birth (Month, day, year) <u>June 4, 1910</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Roy Alvia Lemons</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>34</u> yrs. 13. Birthplace <u>Fort Spring, West Virginia</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Contractor</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mable Imogene Wheatley</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>30</u> yrs. 19. Birthplace <u>Bishop, California</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>---</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>3</u> (c) Born alive and now dead <u>---</u> (d) Stillborn _____			
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)			
26. (a) <u>APR 17 1942</u> (Date received) (b) <u>[Signature]</u> (Registrar's signature)		25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.) and address _____ Date _____	
27. Given name added on _____ by _____ (Registrar's signature)			

State of Idaho }
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Imogene Wheatley Lemons, being first duly sworn, say that I am related Houston Alvin Lemons as Mother (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Ed. Piper (Name of attendant at birth), who attended said birth Deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 16th day of April, 1942

(SEAL)

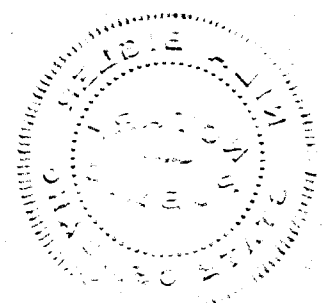
Mrs. Imogene Wheatley Lemons Signature
Box 65, Ed Spencer, Idaho P. O. Address
Nila Bigler Notary Public, residing at Idaho Falls, Idaho

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

418-202035-718

341334

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County NEZ PERCE (b) City GIFFORD
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
own home
(e) Mother's stay BEFORE delivery:
IN THIS county years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County NEZ PERCE
(c) City GIFFORD
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) GIFFORD IDAHO

5. Date of Birth of Child
(Month, day, year) FEB. 2 1910

4. FULL NAME OF CHILD

FREDA ALICE MAYNARD

6. Sex FEMALE

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME GEORGE CLARENCE MAYNARD
11. Color White 12. Age at time
or Race of THIS birth 26 yrs.
13. Birthplace COLTON WASH.
(City or town) (State or foreign country)
14. Exact Occupation hairing stage
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY EMERALDINE GAYMAN
17. Color White 18. Age at time
or Race of THIS birth 24 yrs.
19. Birthplace Neola Iowa
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 4 P.M. M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by George Maynard, who is
related to this child as father (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

E.E. Watts

M.D.
Midwife

Address GIfford Ida Date 4-7-1942

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears
in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that
....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

..... Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on APR 21 1942 by Mary E. Watts, Registrar.

APR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469.114 036 264

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **341340**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Oneida (b) City Nasaley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
IN THIS county 29 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Oneida
(c) City Nasaley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Nasaley, Idaho

4. FULL NAME OF CHILD

Elmer Vaughn Morgan

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd —

5. Date of Birth of Child (Month, day, year) Nov. 14, 1910
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George William Morgan
11. Color White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Nasaley, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily Alice Bough
17. Color White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Walla Walla, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Power } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 31 years, and that Dr. R. F. Roth, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George William Morgan Signature
AMERICAN FALLS, IDAHO P. O. Address

Subscribed and sworn to before me this 20th day of April, 1942
(SEAL) W. H. H. H. Notary Public, residing AT AMERICAN FALLS, IDAHO
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. MY COMMISSION EXPIRES OCTOBER 22, 1943)

Received for filing on APR 21 1942 by W. H. H. H. Registrar.

APR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249-106-016-252

341360

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Marion
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county 28 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia
(c) City Marion
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Archie Gibson Smith

5. Date of Birth of Child

(Month, day, year) May 6 1910

6. Sex Male

7. Twin or
Triplet S.

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Moses Smith

11. Color white

12. Age at time
of THIS birth 34 yrs.

13. Birthplace Idaho

(City or town)

(State or foreign country)

14. Exact
Occupation Farming

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Lucine Sessions

17. Color white

18. Age at time
of THIS birth 28 yrs.

19. Birthplace Idaho

(City or town)

(State or foreign country)

20. Exact
Occupation Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child, 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears
in Item 4, above, that I am now 42 years of age, that I have known this person for 32 years, and that
D.F.O. NIELSEN who attended this birth deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 18th day of April, 1942

(SEAL)

Notary Public, residing at Barley, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

APR 21 1942

by

Martha S. Cranney

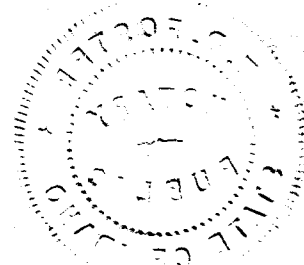
Registrar.

APR 14 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



341367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County... Canyon (b) City... Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State... Idaho (b) County... Canyon
(c) City... Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
3. **RESIDENCE OF FATHER** (city, state) Caldwell, Ida

4. **FULL NAME OF CHILD** Doris Virginia Brett

5. Date of Birth of Child
(Month, day, year) 3-19-1910

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Rainer Durward Brett
11. Color White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Tyler Texas
(City or town) (State or foreign country)
14. Exact Occupation Electrician
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Carter Smith
17. Color White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Greenborough, N. Carolina
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child... 3 (b) Born alive and now living... 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho }
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that Clemmie Brett, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Elzard Southward Signature
Caldwell Idaho P. O. Address

Subscribed and sworn to before me this 20th day of April, 1942
(SEAL) Em. Hille Notary Public, residing at Caldwell Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by Wm. J. Jones, Registrar.

SEP 26 1942

JUN 29 1922

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

792-106-042-793

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **342424**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County TWIN FALLS (b) City TWIN FALLS
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
PRIVATE HOME (MATERNITY)
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County CHURCHILL
(c) City MINADOKA
(d) Street Address or R.F.D. No. MINADOKA DAM
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** WILLIAM HENRY GIBBS, JR.

5. **Date of Birth of Child**
(Month, day, year) OCTOBER 6, 1910

6. Sex MALE 7. Twin or Triplet 1 If so—born 1st, 2nd, 3rd 5

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** WILLIAM HENRY GIBBS
11. Color WHITE 12. Age at time of THIS birth 33 yrs.
13. Birthplace FRAMINGHAM, MASS.
(City or town) (State or foreign country)
14. Exact Occupation PURCHASING AGENT
15. Industry or Business CIVIL SERVICE, U.S. RECLAMATION

MOTHER OF CHILD

16. **FULL MAIDEN NAME** NEZ JULIA GILLETTE
17. Color WHITE 18. Age at time of THIS birth 27 yrs.
19. Birthplace ROCKPORT, INDIANA
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living ONE

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN signature** M.D. Midwife Address Date

State of CALIFORNIA
County of SAN DIEGO } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 31 years, and that DR. CLOUCHEK, who attended this birth IS NOW DECEASED. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nez Julia Gibbs Signature
3763 RICHMOND ST, SAN DIEGO, CALIFORNIA O. Address

Subscribed and sworn to before me this 22 day of January, 1942.

(SEAL) John W. Williams Notary Public, residing at San Diego, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

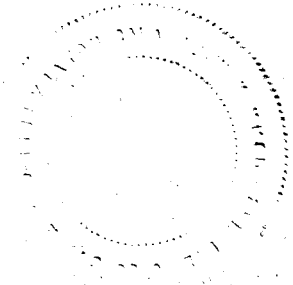
Received for filing on APR 23 1942 by Marj H. Helina, Registrar.

APR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

253-205-234-943

342450

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Minnesota (b) City Rupert
(c) Street Address or R.F.D. No. R.D. # 4
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Minnesota
(c) City Rupert
(d) Street Address or R.F.D. No. R.D. # 4
(e) How long has MOTHER lived in Idaho? 6 yrs.
3. **RESIDENCE OF FATHER** (city, state) Rupert, Ida.

4. **FULL NAME OF CHILD** Alta Bell

5. Date of Birth of Child
(Month, day, year) Apr. 5, 1910

6. Sex F 7. Twin or Triplet — If so—born 1st, 2nd, 3rd 7th

8. No. months of Pregnancy Reg. 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** William Parrow Bell
11. Color Wh 12. Age at time of THIS birth 51 yrs.
13. Birthplace Kentucky
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lettie Jane Rule
17. Color Wh 18. Age at time of THIS birth 34 yrs.
19. Birthplace Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.)

25. Attendant's OWN signature Dr. J. B. Kenagy M.D. Midwife Address Idaho Date Idaho

State of Idaho County of Kansas } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the cousin of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that Dr. J. B. Kenagy, who attended this birth is now dead, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Weyburn Mae Bell Signature
Idaho P. O. Address
Subscribed and sworn to before me this 20 day of April, 1942
(SEAL) Denny H. Harker Notary Public, residing at Burley, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 22 1942 by Mae Bell Registrar.

APR 26 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

468-103 228-315

Item #24 amended 5-4-89 MCM

342457

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County KOOTENAI (b) City COEUR D'ALENE
(c) Street Address or R.F.D. No. 110 WALLACE
(d) Name of Hospital or Maternity Home:
BORN AT ABOVE ADDRESS
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years 1 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County KOOTENAI
(c) City COEUR D'ALENE
(d) Street Address or R.F.D. No. 110 WALLACE ST.
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) SAME AS ABOVE

5. Date of Birth of Child
(Month, day, year) MAY 3rd 1910

4. FULL NAME OF CHILD JOHN LANE MOYER

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JAMES ALNEY MOYER
11. Color or Race WHITE 12. Age at time of THIS birth 46 yrs.
13. Birthplace NEAR PARIS, ILLINOIS
(City or town) (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME DORA BELLE LANE
17. Color or Race WHITE 18. Age at time of THIS birth 36 yrs.
19. Birthplace NEAR CLINTON, MO.
(City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE BORN ALIVE

24. I HEREBY CERTIFY That I attended the birth of this child, who was STILL BORN at 1:30 A.M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by DORA MOYER, who is
related to this child as MOTHER
(Mother, etc.) (First name) (Last name)

25. Attendant's John O'Leary M.D. Address Coeur d'Alene, Id. Date Apr. 15, 1942
OWN signature Midwife

State of..... } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of..... }

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

.....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on..... by Marjorie B. B. Registrar.

APR 18 1942

APR 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4-20-89

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS

State of Wyoming } ss.
County of Carbon

MAY 3 1 20 PM '89

Certificate No. 342457
Date Filed _____The undersigned does solemnly swear that certain facts on the certificate of birthfor John Lane Moyer who was stillborn on May 3, 1910
(Name on Original Certificate) (Was Born, Died, etc.) (Date of Event)
in Coeur d'Alene (Kootenai) are erroneous or were omitted:
(Place of Event)

ITEMS TO BE CORRECTED

FROM

TO

Item #24

stillborn

born alive

Subscribed and sworn to before me this 1st day of May, 1989.Notary Public, Linda Van Ekeren
Residing at Rawlins, WY 82301
My commission expires Sept 16, 1991
(Seal)X John L. Moyer Jr.
Signature of Applicant
X 115 E. Miller Rawlins, WY
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____(Must be completed)
(Is not necessary)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

Letter from Pendleton Public schools shows John Lane Moyer born May 3, 1910 and graduated in 1930. Letter signed by Marshal T Keating, Ed D Superintendent dated Feb 27, 1989. Viewed by VS.

MAY 4 1989

Letter from Church of the Redeemer Episcopal Church, OR shows John Lane Moyer, son of J A Moyer & Dora Lane born May 3, 1910 and baptized April 11, 1925 by Wm P Remington.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

793-104-267-381
APR 27 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342547
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Gannett
(c) Street Address or R.F.D. No. at home
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine
(c) City Gannett
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

John Milton Gillihan

5. Date of Birth of Child

(Month, day, year) Sept 4 1910

6. Sex

male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

George David Gillihan

11. Color or Race

White

12. Age at time of THIS birth

37 yrs.

13. Birthplace

Worcester, Massachusetts
(city or town) (State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Helen Pearl Chapman

17. Color or Race

White

18. Age at time of THIS birth

20 yrs.

19. Birthplace

Idaho
(city or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at Idaho M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Frank Gillihan, who is related to this child as uncle (First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 31 years, and that Mr. Hubert Stanfield, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank Gillihan Signature

Gannett, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of April, 1942

(SEAL)

Joseph W. Gould

Notary Public, residing at Hailey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

APR 27 1942

by

Mary E. Elder

Registrar.

APR 14 1970

JUN 22 1956

JUN 14 1972

NOV 1 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires in advance payment of fifty cents, money order or coin.

219-218-004-214

342551

342551

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine Lake (b) City Montpelier
(c) Street Address or R.F.D. No. South 9th St.
(d) Name of Hospital or Maternity Home:
Birth at home
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. South 9th St.
(e) How long has MOTHER lived in Idaho? 4 1/2 yrs.
3. RESIDENCE OF FATHER (city, state) Montpelier, Idaho

4. FULL NAME OF CHILD Pearl Louise Sarbach

6. Sex Female 7. Twin or Triplet single If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) June 18, 1910
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Fred Edward Sarbach
11. Color white 12. Age at time of THIS birth 28 1/2 yrs.
13. Birthplace Buffalo New York
(City or town) (State or foreign country)
14. Exact Occupation Bricklayer
15. Industry or Business Private construction

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Bauman
17. Color white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Paris Idaho
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California County of Los Angeles ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 5 1/2 years of age, that I have known this person for 3 1/2 years, and that Wm E F Guyon, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 15th day of April, 1942
(SEAL) Station of Sarbach Notary Public, residing at Long Beach, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 18 1942 by Mary E Elder, Registrar.

APR 28 1942

AUG 8 1946

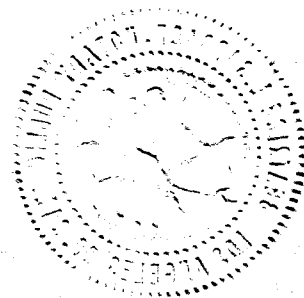
SEP 20 1968

DEC 24 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

451-126-022-546

342553 342553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City Sugar City
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Parents Residence
(e) Mother's stay BEFORE delivery:
IN THIS county 33 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont
(c) City Sugar City
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 1 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Sugar City, Ida.

4. FULL NAME OF CHILD

Royal Edwards Dean

5. Date of Birth of Child

(Month, day, year) June 26, 1910

6. Sex

Male

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Ingham Dean

11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Haughton Green, England
(City or town) (State or foreign country)

14. Exact Occupation Pharmacist

15. Industry or Business Drug Store

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Elizabeth Edwards

17. Color White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Willard City, Utah
(City or town) (State or foreign country)

20. Exact Occupation House-Wife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3..... (b) Born alive and now living 2.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of California.....ss.
County of Los Angeles.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears in Item 4, above, that I am now.....65.....years of age, that I have known this person for.....his life/time.....years, and that Dr. James R. Skupe....., who attended this birth.....is deceased.....I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Edwards Dean Signature
2791 Forrester Dr., Los Angeles, California P. O. Address

Subscribed and sworn to before me this 28th day of April, 19 42.

(SEAL)

Joseph J. Larimer Notary Public, residing at Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Mary E. Elden, Registrar.

APR 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



593.117.001-469

342575 342575

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>2010 no 17th St</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: IN THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>2010 no 17th St</u> (e) How long has MOTHER lived in Idaho? <u>28 months</u>	
3. RESIDENCE OF FATHER (city, state) _____		5. Date of Birth of Child (Month, day, year) <u>Mar 17-1910</u>	
4. FULL NAME OF CHILD <u>Robert Durward Eichmann</u>		6. Sex <u>m</u>	
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		8. No. months of Pregnancy <u>full term</u>	
9. Legitimate? <u>yes</u>			
FATHER OF CHILD 10. FULL NAME <u>Herman Nicholas Eichmann</u> 11. Color or Race <u>W</u> 12. Age at time of THIS birth <u>33</u> yrs. 13. Birthplace <u>Jersey City New Jersey</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Accountant</u> 15. Industry or Business <u>King Hill Irrigation & Power Co.</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Carrie Mae Morris</u> 17. Color or Race <u>W</u> 18. Age at time of THIS birth <u>25</u> yrs. 19. Birthplace <u>Dennison Iowa</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business <u>own home</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Ag no 304</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 2 P M. on the date 4-28-42 and at the place stated above, and that personal particulars were furnished by Carrie Clark who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN signature** John Back M.D. _____ Midwife _____ Address Boise Ida Date 4-28-42

State of _____ County of _____ ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that (First name) (Last name) _____, who attended this birth. (Is now deceased) or (Cannot be located)

I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19_____
(SEAL) _____ Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1942 by Mary E Elder, Registrar.

APR 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

763-225439-464

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

342620
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery: Born at home
IN THIS county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) American Falls, Idaho

4. FULL NAME OF CHILD

Lavra Nell Potter

5. Date of Birth of Child

(Month; day, year) Sept. 25, 1910

6. Sex

Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9 mos 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Clarence Luecan Potter

11. Color or Race

White

12. Age at time of THIS birth

39 yrs.

13. Birthplace

Hivemore

(City or town)

(State or foreign country)

14. Exact Occupation

Carpenter

15. Industry or Business

Boilding

16. FULL MAIDEN NAME

Minnie Pearl Morgan

17. Color or Race

White

18. Age at time of THIS birth

28 yrs.

19. Birthplace

American Falls

(City or town)

Idaho (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

Chloroform

23. Number of children of this mother: (a) At time of birth and including this child

5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of

Oregon

County of

Blaine

ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 31 years, and that

Dr. Knott who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 18th day of April

(SEAL)

Notary Public, residing at Blaine Falls, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires July 14, 1945

Received for filing on

APR 22 1942

by

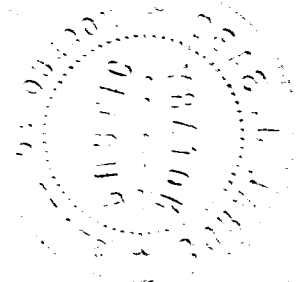
Registrar.

APR 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



815-129-025-299

342621

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Idaho (b) City Grangeville,
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Child born at home
(e) Mother's stay BEFORE delivery:
IN THIS county 7 years ✓ months ✓ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? Five yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville, Id**4. FULL NAME OF CHILD** Warren Clement Hanna

5. Date of Birth of Child
(Month, day, year) Nov. 29, 1910

6. Sex Male 7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy Reg. 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Clement Sweet Hanna
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Los Angeles, California
(City or town) (State or foreign country)
14. Exact Occupation Clerk, Dry Goods.
15. Industry or Business ✓

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertie Mae Bridgeman,
17. Color White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Spokane County, Washington
(City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1..... (b) Born alive and now living 2.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Idaho

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that Dr. G. S. Stockton, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 129, 1937 Session Laws.

Clement Sweet Hanna Signature
Simms, Montana P. O. Address

Subscribed and sworn to before me this 3rd day of April, 1921.

(SEAL)

Hampton Taylor Notary Public, residing at Grangeville, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by Mary E. Taylor Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1942

FEB 9 - 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

119-118,014-994

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **342637**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Middleton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Middleton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? .. yrs

4. FULL NAME OF CHILD Bessie Guy Jarvis
6. Sex Male **7. Twin or Triplet** **If so—born** 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) Middleton, Idaho
5. Date of Birth of Child (Month, day, year) March 18, 1910
8. No. months of Pregnancy 9 **9. Legitimate?** yes

FATHER OF CHILD
10. FULL NAME John W. Jarvis
11. Color or Race White **12. Age at time of THIS birth** 29 yrs.
13. Birthplace Grand Island, Wyoming
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD
16. FULL MAIDEN NAME Anna Marie Zimmerman
17. Color or Race White **18. Age at time of THIS birth** 31 yrs.
19. Birthplace Shawnee, Iowa Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature William O. Zimmerman **M.D.** **Midwife** **Address** **Date**

State of Oregon County of Cook ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Half Brother of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 32 years, and that Doctor Hamer, who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William O. Zimmerman Signature
1730 Campbell Park Oregon P. O. Address

Subscribed and sworn to before me this 21 day of April, 19 42
(SEAL) Douglas J. Lee Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by Mary E. Baker Registrar.

NOV 16 1942

APR 13 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

248-225-040-796

342653

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Shoshone (b) City Jerome
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
Mother's home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Alberta (b) ~~County~~ Canada
(c) City Chinook
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 mo. yrs.

3. RESIDENCE OF FATHER (city, state) Canada

4. FULL NAME OF CHILD

Valma Maude Smylie

5. Date of Birth of Child

(Month, day, year) May 25, 1910

6. Sex

Female

7. Twin or

Triplet No

If so—born

1st, 2nd, 3rd

8. No. months

of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL

NAME John Herman Smylie

11. Color

white

12. Age at time

of THIS birth 27 yrs.

13. Birthplace

De Moines, Iowa

(City or town)

(State or foreign country)

14. Exact

Occupation

Farmer

15. Industry or

Business

Farming

MOTHER OF CHILD

16. FULL MAIDEN

NAME Bessie Violet Crow

17. Color

white

18. Age at time

of THIS birth 18 yrs.

19. Birthplace

Pittsburg, Kansas

(City or town)

(State or foreign country)

20. Exact

Occupation

Housewife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who wasatM. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Washington } ss.
County of Yakima

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4, above, that I am now 50 years of age, that I have known this person for 31 years, and that

No One Except my mother attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws

Bessie Violet Weldon ne Smylie Signature
Wapato, Washington P. O. Address

Subscribed and sworn to before me this 20th day of April, 1942.

(SEAL)

W. A. Taylor

Notary Public, residing at Yakima, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

APR 23 1942

by

Mabel E. Fisher

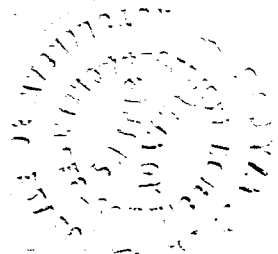
Registrar.

APR 27 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



649-127-014-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **342714**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Subiampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county 7 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Subiampa
(d) Street Address or R.F.D. No. 5
(e) How long has MOTHER lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Subiampa, Idaho

4. FULL NAME OF CHILD

Spencer Harrison Furhman

5. Date of Birth of Child

(Month, day, year) May 22 1910

6. Sex

Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? yes

10. FULL NAME

Frank William Furhman

16. FULL MAIDEN NAME

Maud Louise Brown

11. Color
or Race

White

12. Age at time
of THIS birth

32 yrs.

17. Color
or Race

White

18. Age at time
of THIS birth

33 yrs.

13. Birthplace

Providence, Utah

(City or town) (State or foreign country)

19. Birthplace

Providence, Utah

(City or town) (State or foreign country)

14. Exact
Occupation

Farmer

20. Exact
Occupation

Housewife

15. Industry or
Business

Farmer

21. Industry or
Business

Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol Argemol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was White at Subiampa M. on the date May 22 1942 (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Maud Furhman who is related to this child as Mother (First name) (Last name)

25. Attendant's
OWN signature

J. H. Murray

M.D.
Midwife

Address

Providence 2da

Date Apr. 22 1942

State of Idaho ss.
County of Canyon

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 31 years, and that

(First name) J. H. Murray (Last name) Murray, who attended this birth. (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maud Louise Furhman Signature

P. O. Address

Subscribed and sworn to before me this 1st day of April 1942

(SEAL)

J. Ammar Notary Public, residing at King Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1942 by Maud Furhman Registrar.

APR 27 1942

10 W
P. 100
S. 100

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink & BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

284-119-222-295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **342786**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County **Fremont** (b) City **Lewisville**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay BEFORE delivery:
IN THIS county 22 years 2 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State **Idaho** (b) County **Fremont**
(c) City **Lewisville**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? **22 yrs**
3. RESIDENCE OF FATHER (city, state) **Lewisville, Ida**

4. FULL NAME OF CHILD **David Charles Shurtliff**
6. Sex **Male**
7. Twin or Triplet
8. No. months of Pregnancy **9**
9. Legitimate? **Yes**

5. Date of Birth of Child
(Month, day, year) **Nov. 19, 1910**

FATHER OF CHILD
10. FULL NAME **Pleasant Ray Shurtliff**
11. Color **white** 12. Age at time of THIS birth **23 yrs.**
13. Birthplace **Lewisville, Idaho**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME **E. Dorcy Kinghorn**
17. Color **white** 18. Age at time of THIS birth **22 yrs.**
19. Birthplace **Lewisville, Idaho**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **Argyrol**
23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **2**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of **Oregon**
County of **Malheur** ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now **53** years of age, that I have known this person for **31** years, and that I am **Rufus D. Tucker**, who attended this birth **is now deceased**. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dorcy K. Shurtliff Signature
P.O. Box 266, Vale, Oregon P.O. Address

Subscribed and sworn to before me this **23** day of **April**, 19**41**
(SEAL) **Charles H. Shurtliff** Notary Public, residing at **Vale Oregon**
(Note: Perjury is punishable as a felony in Idaho; see Sec. F7-914, Idaho Code Annotated.)

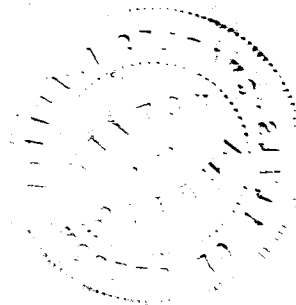
Received for filing on **APR 24 1942** by **Malheur** Registrar.

APR 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342789
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Oneida (b) City Samarina
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay BEFORE delivery:
IN THIS county 42 years 9 months days

4. FULL NAME
OF CHILD

Thelma Mansfield

6. Sex

female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

FATHER OF CHILD

10. FULL
NAME

Brigham Y. Mansfield

11. Color
or Race

White

12. Age at time
of THIS birth

9 yrs.

13. Birthplace

Astbury, England
(City or town) (State or foreign country)

14. Exact
Occupation

Farmer

15. Industry or
Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Oneida
(c) City Samarina
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state)

Samarina, Idaho
5. Date of Birth of Child
(Month, day, year) May 23, 1910

8. No. months
of Pregnancy 9

9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN
NAME

Elizabeth Ann Williams

17. Color
or Race

white

18. Age at time
of THIS birth

43 yrs.

19. Birthplace

Worcestershire, England
(City or town) (State or foreign country)

20. Exact
Occupation

Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by , who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho ss.
County of Oneida

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
in Item 4, above, that I am now 75 years of age, that I have known this person for 31 years, and that

Mary Ann Reese, who attended this birth deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Elizabeth Ann Mansfield
Samarina, Idaho
Signature P. O. Address

Subscribed and sworn to before me this 25 day of April, 1942

(SEAL)

John H. McAllister Notary Public, residing at Mald, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Idaho Code, Chapter 18, Title 18, Section 18-1501)

Received for filing on APR 24 1942 by Registrar.

NOV 3 1972

46-11-4 B 1342

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

455-228030-559

342795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Lemhi (b) City Juniper
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
IN THIS county 27 years 14 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Lemhi
(c) City Juniper
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Haigmont, Ida**4. FULL NAME OF CHILD**Bertrude Marie Henry**5. Date of Birth of Child**(Month, day, year) Sept 28, 1910**6. Sex**girl**7. Twin or Triplet**If so—born
1st, 2nd, 3rd**8. No. months of Pregnancy**9**9. Legitimate?** yes**FATHER OF CHILD****10. FULL NAME**Edward Shup Henry**11. Color or Race**White**12. Age at time of THIS birth**30 yrs.**13. Birthplace**Juniper

(City or town)

(State or foreign country)

14. Exact OccupationFarmer**15. Industry or Business**Farmer**MOTHER OF CHILD****16. FULL MAIDEN NAME**Jennie Verina**17. Color or Race**White**18. Age at time of THIS birth**29 yrs.**19. Birthplace**Baraga Michigan

(City or town)

(State or foreign country)

20. Exact OccupationHouse wife**21. Industry or Business**House wife**22. Name prophylactic used to prevent Ophthalmia Neonatorum****23. Number of children of this mother:** (a) At time of birth and including this child 5 (b) Born alive and now living 5**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signatureIdaho**M.D.**

Midwife

Address

Date

State ofIdaho

ss.

County ofLemhi

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....sister.....of the person whose name appears
in Item 25, above, that I am now.....42.....years of age, that I have known this person for.....31.....years, and that

(First name) M. Murphy (Last name)

who attended this birth.....is now deceased.....I further state that

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Edna Henry Miller

Signature

Nelma Montana

P. O. Address

Subscribed and sworn to before me this 9th day of April, 1942

(SEAL)

Marion C. McBride

day of

April1942

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Notary Public, residing at Idaho

Received for filing on

APR 24 1942

by

Marion C. McBride

Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1912 9 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DECEASED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

649-205-019-613

342807

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Custer (b) City Challis
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
IN THIS county years one months -- days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Butte
(c) City Ranch near Leslie
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 25 yrs.

4. FULL NAME

OF CHILD Lois Louise Furey

3. RESIDENCE OF FATHER (city, state) Leslie, Idaho

5. Date of Birth of Child
(Month, day, year) NOV. 5, 1910

6. Sex female 7. Twin or Triplet --- If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Sherman Francis Furey
11. Color white 12. Age at time of THIS birth 26 yrs.
or Race.....
13. Birthplace Boise Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer and salesman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Bartlett Falls
17. Color white 18. Age at time of THIS birth 25 yrs.
or Race.....
19. Birthplace Challis Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

Silver nitrate 2%.

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child one. (b) Born alive and now living One.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 4:45 A.M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Julia Furey, who is
related to this child as Mother
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature A. W. Lynn M.D. Midwife Address 418 E. Compton B'vd Compton-Calf Date 4-16-42

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that

....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on..... by Mary E. Egan, Registrar.

APR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

563-101-032-449

342831

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City S. Ross
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City S. Ross
(d) Street Address or R.F.D. No. No Street I have
(e) How long has MOTHER lived in Idaho? 30 yrs.

4. FULL NAME OF CHILD Robert Fredric Halden

6. Sex boy **7. Twin or Triplet** No **8. If so—born 1st, 2nd, 3rd** 3rd

3. RESIDENCE OF FATHER (city, state)
5. Date of Birth of Child (Month, day, year) Oct. 1st. 1910
8. No. months of Pregnancy 9 months **9. Legitimate?** Yes

FATHER OF CHILD
10. FULL NAME Edgar James Halden
11. Color white **12. Age at time of THIS birth** 28 1/2 yrs.
13. Birthplace Toronto, Canada (City or town) (State or foreign country)
14. Exact Occupation working in my store
15. Industry or Business No Personal business

MOTHER OF CHILD
16. FULL MAIDEN NAME Mary Agnes Murray
17. Color white **18. Age at time of THIS birth** 28 yrs.
19. Birthplace S. Ross, Idaho (City or town) (State or foreign country)
20. Exact Occupation mother, house wife
21. Industry or Business Taking care family & house

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Agnes Murray Halden, who is related to this child as (First name) (Last name)

25. Attendant's OWN signature [Signature] **M.D.** **Midwife** **Address** Hostetler Idaho **Date** Oct. 27/42
State of ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address
Subscribed and sworn to before me this day of 19.....
(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by [Signature] Registrar.

SEP 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

342852

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay BEFORE delivery:
IN THIS county 8 years 11 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 8 yrs.

4. FULL NAME OF CHILD Allegia Paul Rittenhouse

5. Date of Birth of Child
(Month, day, year) Sept. 10, 1960

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank H. Rittenhouse
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Hastings, Nebraska
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Allegia C. Kingsbury
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Minnesota South Dak.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California County of San Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 55 years of age, that I have known this person for 32 years, and that Dr. Charles Hammer, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Allegia C. Kingsbury Rittenhouse Signature
237 N. Cedar Blvd., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of April, 1960
(SEAL) Lillian M. Medley Notary Public, residing at Wendover, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Commission Expires Nov. 18th, 1964

Received for filing on APR 27 1962 by Mary E. Fisher Registrar.

APR 28 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

493-108-020-219

342858

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....

CERTIFICATE OF BIRTH

Local Reg. No.....

STATE OF IDAHO

Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Blaine (b) City Blaine
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: at my home
(e) Mother's stay BEFORE delivery:
IN THIS county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Blaine
(c) City Blaine
(d) Street Address or R.F.D. No. General Delivery
(e) How long has MOTHER lived in Idaho? 3 yrs

4. FULL NAME OF CHILD

Raymond Belmont Mitchell

6. Sex

male

7. Twin or Triplet

If so—born—
1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

James M. Mitchell

11. Color white

12. Age at time of THIS birth 28 yrs.

13. Birthplace Blaine, Idaho
(City or town) (State or foreign country)

14. Exact Occupation Electrician

15. Industry or Business Electrician

MOTHER OF CHILD

16. FULL MAIDEN NAME

Bessie Irene Bailey

17. Color white

18. Age at time of THIS birth 19 yrs.

19. Birthplace Blaine, Idaho
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Nevada } ss.
County of Mineral

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 32 years, and that

Doctor Mather who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie M. Clapham Signature
Hawthorne Nevada (nee Mitchell) P.O. Address

Subscribed and sworn to before me this 23 day of April, 1942.

(SEAL) John H. Clapham County Clerk residing at Hawthorne, Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Mabel H. Clapham Registrar.

APR 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-125-228-395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **342876**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Garnley Home
(e) Mother's stay BEFORE delivery:
IN THIS county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Rathdrum, Ida.

5. Date of Birth of Child
(Month, day, year) Oct. 25 - 1910

4. FULL NAME OF CHILD George Benjamin Howell

6. Sex Male Twin or Triplet If so—born 1st, 2nd, 3rd 12th

8. No. months of Pregnancy 9mo. 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Washington Howell
11. Color White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Lacona, Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margrett Elizabeth Linton
17. Color White 18. Age at time of THIS birth 39 yrs.
19. Birthplace Pataha, Sayre Co. Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 13

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 9 A.M. on the date (Born alive, stillborn)
and at the place stated above and that personal particulars were furnished by Margret Howell who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Mrs Mary Howell M.D. Midwife Address Rathdrum Ida Date 4-10-42

State of ss.
County of

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this day of 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 23 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 191, 1911 Session Laws~~, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342923
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County FREMONT (b) City REXBURG
(c) Street Address or ~~RFD~~ No. FIRST WEST ST.
(d) Name of Hospital or Maternity Home:
AT HOME OF PARENTS
(e) Mother's stay **BEFORE** delivery:
IN THIS county SIX years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City REXBURG
(d) Street Address or ~~RFD~~ No. FIRST WEST ST.
(e) How long has **MOTHER** lived in Idaho? 2.6 yrs.
3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Ida.

4. **FULL NAME OF CHILD** JAMES J. JOHANNESSEN
7. Twin or Triplet If so—born 1st, 2nd, 3rd
6. Sex MALE

5. Date of Birth of Child
(Month, day, year) DEC. 24, 1910

8. No. months of Pregnancy NINE 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** SIGURD T. JOHANNESSEN
11. Color WHITE 12. Age at time of THIS birth 28 yrs.
13. Birthplace OSLO, NORWAY
(City or town) (State or foreign country)
14. Exact Occupation PLUMBER
15. Industry or Business HEATING & BLUMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** JEAN STUART ORAM
17. Color WHITE 18. Age at time of THIS birth 26 yrs.
19. Birthplace IDAHO FALLS, IDAHO
(City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of.....IDAHO.....ss.
County of.....BONNEVILLE.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....FATHER.....of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now.....59.....years of age, that I have known this person for.....31.....years, and that
DR. GEORGE E. HYDE....., who attended this birth is Now Deceased..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 29th day of April, 1941
(SEAL) W. Wood Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Mary E. [Signature], Registrar.

* No middle name - just an initial.

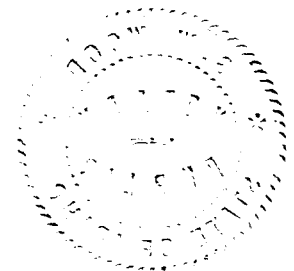
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APR 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

236-122003-967

842954

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Portella
(c) Street Address or R.F.D. No. 331 N. Hayes Ave
(d) Name of Hospital or Maternity Home:

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Portella
(d) Street Address or R.F.D. No. 331 N. Hayes
(e) How long has MOTHER lived in Idaho? 18 yrs.
(f) Mother's mailing address 331 N. Hayes

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home..... days.
IN THIS county years month days

3. RESIDENCE of FATHER (city, state) Portella Ida.
4. FULL NAME OF CHILD Edmond Samuel Bloom 5. Date of Birth (Month, day year) 1-22-1910

6. Sex Male 7. Twin or Triplet If so - born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edmond Conrad Bloom
11. Color or Race White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Indianapolis Ind. (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business O.S.D. R.R.

MOTHER OF CHILD

16. FULL MAIDEN NAME Ranghild Emma Roasted
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Eagle Rock Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

26. (a) APR 27 1942 (Date received) (b) Mary E. Bloom (Registrar's signature)

25. Attendant's OWN signature..... M.D. (D.O., Midwife, etc.)
and address..... Date

27. Given name added on..... by..... (Registrar's signature)

State of California } ss.
County of Los Angeles

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Ranghild Emma Bloom being first duly sworn, say that I am Mother of Edmond Samuel Bloom Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Francis V. Poole, who attended said birth Believed deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded

Mrs. Ranghild E. Bloom Signature
5743 St. Paul Calif. O. Address

Subscribed and sworn to before me on this 26 day of April 1942
(SEAL) James G. Kneale Notary Public, residing at 1322 California
My Commission Expires April 17, 1944

APR 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

419-107016-859

342959

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County _____
(c) City Caldwell
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address Caldwell?

3. RESIDENCE of FATHER (city, state) Caldwell

4. FULL NAME OF CHILD

Jess O'Connor Marrs

5. Date of Birth

(Month, day, year) May 7, 1910

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

10. FULL NAME

Thomas Elijah Marrs

MOTHER OF CHILD

11. Color or Race White 12. Age at time of THIS birth 41 yrs.

16. FULL MAIDEN NAME Eveline Herndon
17. Color or Race White 18. Age at time of THIS birth 39 yrs.

13. Birthplace Greenfield Nebraska
(City or town) (State or foreign country)

19. Birthplace Roschill Iowa
(City or town) (State or foreign country)

14. Exact Occupation Farmer

20. Exact Occupation Housewife

15. Industry or Business _____

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 11:30 P M. on the date born alive, stillborn
and at the place stated above, and that personal particulars were furnished by Eveline Marrs who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

26. (a) APR 27 1942 (Date received) (b) _____ (Registrar's signature)

25. Attendant's OWN signature Eveline Marrs M.D.
(D.O., Midwife, etc.)

27. Given name added on _____ by _____ (Registrar's signature)

and address _____ Date _____

State of Oregon
County of Umatilla } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eveline Marrs, being first duly sworn, say that I am Related (Related to (or) acquainted with)
Jess O'Connor Marrs as Mother whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1933 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Alice Ross who attended said birth. Deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature Eveline Marrs
P. O. Address Billah Washington

Subscribed and sworn to before me on this 24 day of April, 1942
(SEAL) W.C. McTenny Notary Public, residing at Trevalin

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-130-003-231

242996 342996

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Pocatello</u> (c) Street Address or R.F.D. No. <u>325 No. Johnson</u> (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery IN THIS county <u>6</u> years <u>6</u> months <u>20</u> days	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Pocatello</u> (d) Street Address or R.F.D. No. <u>325 No. Johnson</u> (e) How long has MOTHER lived in Idaho? <u>26</u> yrs. 3. RESIDENCE OF FATHER (city, state) <u>Pocatello, Ida.</u>
--	---

4. FULL NAME OF CHILD <u>George H. Rice Jr.</u> 6. Sex <u>male</u> 7. Twin or Triplet <u>no</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	5. Date of Birth of Child (Month, day, year) <u>Sept. 30, 1910</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>
--	--

FATHER OF CHILD 10. FULL NAME <u>George Henry Rice</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>39</u> yrs. 13. Birthplace <u>Williamsburg, Mass.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Supply Train Storekeeper</u> 15. Industry or Business <u>Railroad</u>	MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Esther Stanger</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace <u>Rockland Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business
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22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Midwife** _____ **Address** _____ **Date** _____

State of Idaho County of Bannock } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 31 years, and that Dr. H. A. Castle (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther Stanger Rice Signature
325 North Johnson, Pocatello, Idaho P. O. Address
 Subscribed and sworn to before me this 15th day of April, 1942
 (SEAL) _____ Notary Public, residing at Pocatello, Idaho
 (Note: Perjury is punishable as a felony in Idaho: see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Mary E. Elder, Registrar.

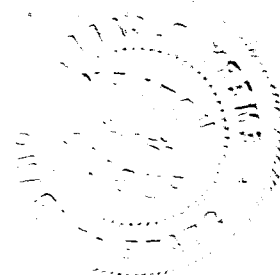
APR 29 1942

SEP 19 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

296-104.007-296

United States
Department of Commerce
Bureau of the Census

APR 29 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

343007

State File No. 343004
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No. own home
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

George Brooks

6. Sex

Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

5. Date of Birth of Child

(Month, day, year) Aug-4-1910

FATHER OF CHILD

10. FULL NAME

George Brooks

11. Color

white

12. Age at time

of THIS birth 31 yrs.

13. Birthplace

Wheatland County Missouri

(City or town)

(State or foreign country)

14. Exact

Occupation

Contractor stock raiser

15. Industry or

Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Cassie Brooks

17. Color

white

18. Age at time

of THIS birth 21 yrs.

19. Birthplace

Idaho

Idaho

(City or town)

(State or foreign country)

20. Exact

Occupation

wife and mother

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho

County of Blaine

ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4, above, that I am now 31 3/4 years of age, that I have known this person for 31 3/4 years, and that

Dr. John Reef who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Mrs Cassie Brooks
Hailey Idaho

Signature

P. O. Address

Subscribed and sworn to before me this 7th day of April, 19 42

(SEAL)

J. W. Walker Notary Public, residing at Hailey

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1942 by Mary E. Edgar Registrar.

APR 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

651-113 009-415

343044

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BONNER (b) City SANDPOINT
(c) Street Address or R.F.D. No. 1223 CEDAR ST.
(d) Name of Hospital or Maternity Home:
FAMILY HOME
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BONNER
(c) City SANDPOINT
(d) Street Address or R.F.D. No. 1223 CEDAR ST.
(e) How long has MOTHER lived in Idaho? ..yrs.

3. RESIDENCE OF FATHER (city, state) SAME
5. Date of Birth of Child
(Month, day, year) FEB. 13, 1910

4. FULL NAME OF CHILD LELAND MELVIN WEAVER

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? YES

FATHER OF CHILD
10. FULL NAME ULUS WEAVER
11. Color or Race WHITE 12. Age at time of THIS birth 22 yrs.
13. Birthplace INDIANA
(City or town) (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME GRACE MANES
17. Color or Race WHITE 18. Age at time of THIS birth 19 yrs.
19. Birthplace INDIANA
(City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date
State of County of } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the GRAND MOTHER of the person whose name appears in Item 4 above, that I am now 74 years of age, that I have known this person for 32 years, and that Mc KINNON, who attended this birth IS NOW DECEASED I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Emma Weaver Signature
1223 Cedar St Sandpoint, Idaho O. Address

Subscribed and sworn to before me this 28 day of August, 1942
(SEAL) Francis Henry Probst, Judge Notary Public, residing at Sandpoint, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by Mabel J. Nelson Registrar.

APR 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

669-107001-253

343051

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise Ida</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>St. Alphonsus Hospital</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise Ida</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>James Darrell Ford</u>		3. RESIDENCE OF FATHER (city, state) <u>Salt Lake City Utah</u> 5. Date of Birth of Child (Month, day, year) <u>1-7-1910</u>	
6. Sex	7. Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy	9. Legitimate?
FATHER OF CHILD 10. FULL NAME <u>Halter Frederick Ford</u> 11. Color <u>White</u> 12. Age at time of THIS birth yrs. 13. Birthplace <u>Atlanta Ga</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Salesman</u> 15. Industry or Business <u>Automobile</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Elythe Pearl Kitzel</u> 17. Color <u>White</u> 18. Age at time of THIS birth <u>25</u> yrs. 19. Birthplace <u>Youngstown Ohio</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>190</u>			
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at..... M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Walter F Ford, who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature James H. Stewart **M.D.** Midwife **Address** Boise Idaho **Date** Apr 27 1942

State of Idaho **County of** Salt Lake **ss.**

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that....., who attended this birth..... I further state that.....
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Halter F. Ford Signature
P. O. Address.....
Subscribed and sworn to before me this 31 day of March, 1942
(SEAL) L. R. Bissard Notary Public, residing at Salt Lake City Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by Walter F Ford Registrar.

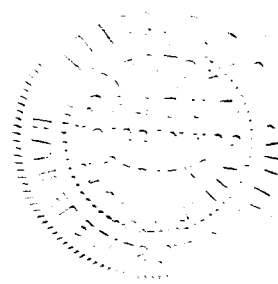
APR 26 1942

JUN 9 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which ~~has~~ occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

136-18-006-351

343052

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home:
at mother's home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has MOTHER lived in Idaho? 4 yrs.

4. FULL NAME OF CHILD

Elsie Maude Alfred

6. Sex

female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Isaac Thornton Alfred

11. Color
or Race white

12. Age at time
of THIS birth 34 yrs.

13. Birthplace Ainsworth
(City or town)

Idaho
(State or foreign country)

14. Exact
Occupation farming

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Harriet Jane Leonard

17. Color
or Race white

18. Age at time
of THIS birth 34 yrs.

19. Birthplace Ainsworth
(City or town)

Idaho
(State or foreign country)

20. Exact
Occupation housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho ss.
County of Laramie

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears
in Item 4, above, that I am now 64 years of age, that I have known this person for 34 years, and that
Doctor Mitchell Blackfoot Idaho who attended this birth Cannot be located I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Isaac Thornton Alfred
Ainsworth, Idaho

Signature

P. O. Address

Subscribed and sworn to before me this 24th day of April, 1942

(SEAL)

Notary Public, residing at Columbus Junction
Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1942 by [Signature] Registrar.

APR 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-226-028-219

343055

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:IN THIS county 7 years months days**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Blida
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 7 yrs.**3. RESIDENCE OF FATHER** (city, state) same**4. FULL NAME OF CHILD**Myrtie Jo Griffith

7. Twin or

Triplet single

If so—born

1st, 2nd, 3rd

5. Date of Birth of Child

(Month, day, year) Feb. 26, 19106. Sex female

8. No. months

of Pregnancy 99. Legitimate? yes**FATHER OF CHILD****10. FULL NAME**Cecil Harrison Griffith

11. Color

white

12. Age at time

of THIS birth 25 yrs.

13. Birthplace

Rosalie, Washington

(City or town)

(State or foreign country)

14. Exact

Occupation Farming

15. Industry or

Business

MOTHER OF CHILD**16. FULL MAIDEN NAME**Edna Louise Bailor

17. Color

white

18. Age at time

of THIS birth 28 yrs.

19. Birthplace

Osakis, Minnesota

(City or town)

(State or foreign country)

20. Exact

Occupation Housewife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2**ATTENDANT'S CERTIFICATE**24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho
County of Bonewah } ss.**AFFIDAVIT** to be completed when the attendant does not sign
in Item 25.I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears
in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and thatDr. J. C. Dwyer (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state thatthe facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.Cecil Harrison Griffith SignatureBlida, Idaho

P. O. Address

Subscribed and sworn to before me this 23rd day of April, 1942

(SEAL)

Notary Public, residing at St. Maries, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

APR 27 1942 by

Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

941-112-029-843

343057

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Pollatch
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Born at Home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Pollatch
(d) Street Address or R.F.D. No. Route 1
(e) How long has MOTHER lived in Idaho? 48 yrs.
3. **RESIDENCE OF FATHER** (city, state) Pollatch Idaho

4. **FULL NAME OF CHILD** Lawrence Walter Roach

5. Date of Birth of Child
(Month, day, year) March 12 1920

6. Sex Boy 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mths 9. Legitimate?

FATHER OF CHILD
10. **FULL NAME** Walter L Roach
11. Color or Race American 12. Age at time of THIS birth 21 yrs.
13. Birthplace Indianola Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Pearl Isabelle Hull
17. Color or Race American 18. Age at time of THIS birth 24 yrs.
19. Birthplace Colorado Colorado
(City or town) (State or foreign country)
20. Exact Occupation Working at house work
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10 P. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Paul Isabelle Roach, who is related to this child as mother (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN signature** Nina Mendenhall M.D. wife Address 404 N. Jefferson Date Apr 25-1942
State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Latah

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address
Subscribed and sworn to before me this day of 19.....
(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mary E. E. E. Registrar.

APR 28 1942

APR 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

343061

815-213-006-282

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County BINGHAM (b) City W.C.O.N.
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 27 years months days**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County BINGHAM
(c) City W.C.O.N.
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 27 yrs.**3. RESIDENCE OF FATHER** (city, state) W.C.O.N., Idaho

5. Date of Birth of Child

(Month, day, year) Dec. 13, 1910**4. FULL NAME OF CHILD**DONNA HANCEY

7. Twin or

If so—born

6. Sex FEMALE Triplet

1st, 2nd, 3rd

8. No. months

of Pregnancy 99. Legitimate? yes**FATHER OF CHILD****10. FULL NAME** ARTHUR CLAUDIUS HANCEY11. Color White 12. Age at time of THIS birth 34 yrs.13. Birthplace HYDS PARK, UTAH
(City or town) (State or foreign country)14. Exact Occupation FARMER

15. Industry or Business

MOTHER OF CHILD**16. FULL MAIDEN NAME** MINNIE BYBEE17. Color White 18. Age at time of THIS birth 29 yrs.19. Birthplace MANT, UTAH
(City or town) (State or foreign country)20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ARGYROL23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4**ATTENDANT'S CERTIFICATE**24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of BANNEVILLE**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 32 years, and thatDR. S.S. FULLER, who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 27 day of April, 1941

(SEAL)

E. DennisNotary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on.....

APR 28 1942by M. H. H. H.

Registrar.

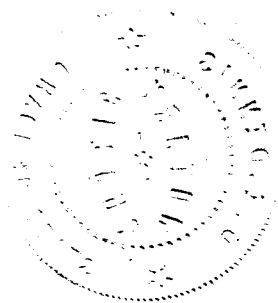
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

291-129-007-499

343064

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Hailey, Idaho

4. FULL NAME OF CHILD

Ralph B. Braese

6. Sex male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

10. FULL NAME

John C. Braese

11. Color White 12. Age at time
or Race White of THIS birth 33 yrs.

13. Birthplace Nevada
(City or town) (State or foreign country)

14. Exact Occupation miner

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary Mizer

17. Color White 18. Age at time
or Race White of THIS birth 31 yrs.

19. Birthplace Kansas
(City or town) (State or foreign country)

20. Exact Occupation Deceased

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at Hailey, Idaho on the date 4/24/42 M.

and at the place stated above and that personal particulars were furnished by John C. Braese who is related to this child as father (First name) (Last name)

25. Attendant's OWN signature John C. Braese M.D. None

Address Hailey, Idaho

Date 4/24/42

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4 above, that I am now 33 years of age, that I have known this person for 33 years, and that

John C. Braese who attended this birth. (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John C. Braese Signature
Hailey, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of April, 19 42
(SEAL) D. W. Walker Notary Public, residing at Hailey

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by John C. Braese Registrar.

APR 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

318-218-022-296

343079

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Freemont (b) City Sugar City
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Freemont
(c) City Sugar City
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child
(Month, day, year) Feb. 18, 1910

4. FULL NAME OF CHILD

Ruby Fay Taylor

6. Sex Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Leon Taylor
11. Color White 12. Age at time
or Race of THIS birth 30 yrs.
13. Birthplace Lehi Utah
(City or town) (State or foreign country)
14. Exact Occupation Housewife
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruby Brown
17. Color White 18. Age at time
or Race of THIS birth 26 yrs.
19. Birthplace Lehi Utah
(City or town) (State or foreign country)
20. Exact Occupation Foreman
21. Industry or Business Utah-Idaho Sugar Company

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Utah } ss.
County of Utah

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that
Doctor Harchburger who attended this birth is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 129, 1937 Session Laws.

Ruby Brown Taylor Signature
Spanish Fork, Utah P. O. Address

Subscribed and sworn to before me this 25 day of April, 1942
(SEAL) Lizette O. White Notary Public, residing at Salt Lake City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Mabel Beeson, Registrar.

APR 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 181, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6911225039.993

343116

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>power</u> (b) City <u>American Falls</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home; <u>Home at Cedar Ridge</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>about</u> years <u>2</u> months <u>4</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>power</u> (c) City <u>American Falls</u> (d) Street Address or R.F.D. No. <u>Cedar Ridge</u> (e) How long has MOTHER lived in Idaho? <u>4</u> yrs.	
4. FULL NAME OF CHILD <u>Nazel Rose Waspin</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		3. RESIDENCE OF FATHER (city, state) <u>same</u> 5. Date of Birth of Child (Month, day, year) <u>Feb. 25, 1910</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Anthony H. Waspin</u> 11. Color <u>White</u> 12. Age at time of THIS birth <u>32</u> yrs. 13. Birthplace <u>St. Louis, Mo.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farming</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Agnes Zicha</u> 17. Color <u>White</u> 18. Age at time of THIS birth <u>24</u> yrs. 19. Birthplace <u>St. Louis, Mo.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House Wife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 2 M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Agnes Waspin, who is related to this child as Mother (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Mrs. F. A. Jick M.D. Midwife Address Am. Falls, Ida Date Jan 2, 1942
State of..... ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address
Subscribed and sworn to before me this..... day of....., 19.....
(SEAL)..... Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)
Received for filing on APR 28 1942 by Mary E. E. E., Registrar.

APR 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

168-127-034-515

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

343122

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County... <u>Minnesota</u> (b) City... <u>Acquia</u> (c) Street Address or R.F.D. No. <u>R.F.D.</u> (d) Name of Hospital or Maternity Home: <u>At home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home. <u>—</u> days. In THIS county <u>5</u> years <u>4</u> months <u>27</u> days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State... <u>Idaho</u> (b) County... <u>Minidoka</u> (c) City... <u>Acquia</u> (d) Street Address or R.F.D. No. <u>R.F.D.</u> (e) How long has MOTHER lived in Idaho? <u>35</u> yrs. (f) Mother's mailing address... <u>R.F.D.</u>	
4. FULL NAME OF CHILD <u>John William Johnston</u>		5. Date of Birth (Month, day, year) <u>December 27, 1910</u>	
6. Sex <u>Male</u>		8. No. months of Pregnancy <u>9 mos.</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Jeff. Joshua Johnston</u>		16. FULL MAIDEN NAME <u>Sophie Vanderwood</u>	
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>35</u> yrs.		17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>25</u> years	
13. Birthplace <u>Mobile</u> (City or town) <u>Mississ.</u> (State or foreign country)		19. Birthplace <u>Malad</u> (City or town) <u>Idaho</u> (State or foreign country)	
14. Exact Occupation <u>Blacksmith</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Farmer</u>		21. Industry or Business <u>—</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>—</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u> (c) Born alive and now dead <u>1</u> (d) Stillborn <u>2</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>—</u> at <u>—</u> M. on the date <u>—</u> and at the place stated above, and that personal particulars were furnished by <u>—</u> who is related to this child as <u>—</u> (First name) (Last name)			
26. (a) <u>APR 27 1942</u> (Date received) <u>Mary E. Fisher</u> (Registrar's signature)		25. Attendant's OWN signature <u>—</u> M.D. or (D.O., Midwife, etc.) <u>—</u>	
27. Given name added on <u>—</u> by <u>—</u> (Registrar's signature)		and address <u>—</u> Date <u>—</u>	

State of California } ss.
County of San Diego

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Catherine White, being first duly sworn, say that I am Related to (Related to (or) acquainted with) John William Johnston as Aunt (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Anna Vanderwood (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 23rd day of April 1942

(SEAL)

My Commission Expires Nov. 28, 1945

Notary Public, residing at 4640 Laramie Street, San Diego, Calif.

P. O. Address 3134 Dale Street, San Diego, Calif.

APR 20 1942

NOT RECORDED

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

417111 042-667

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

343126

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 116 - 7th Ave. E.
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
In THIS county 3 years 5 month 15 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 116 - 7th Ave. E.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Twin Falls, Idaho
3. RESIDENCE of FATHER (city, state): Twin Falls, Ida

4. FULL NAME OF CHILD John Lehman Maxwell

5. Date of Birth (Month, day, year) June 11, 1910

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME John Morden Maxwell
11. Color or Race American 12. Age at time of THIS birth 36 yrs.
13. Birthplace Brockville, Ontario, Canada
(City or town) (State or foreign country)
14. Exact Occupation Banker
15. Industry or Business

16. FULL MAIDEN NAME Elizabeth Rachael Fox
17. Color or Race American 18. Age at time of THIS birth 29 yrs.
19. Birthplace Benton, Ohio
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 5:00 A. M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) APR 28 1942 (b) [Signature]
(Date received) (Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ by _____
(Registrar's signature)

STATE OF UNITED STATE OF AMERICA
COUNTY OF TERRITORY OF ALASKA ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elizabeth Fox Maxwell, being first duly sworn, say that I am related to
John Lehman Maxwell as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. H. Clouche, who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Elizabeth R. Fox Maxwell Signature
Box 1612, Anchorage, Alaska P. O. Address

Subscribed and sworn to before me on this 21st day of April, 19 42

(SEAL)

Notary Public, residing at Anchorage, Alaska
Notary Public for Alaska

APR 29 1942

JUN 21 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

866-129 036 866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **343128**

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County Onieda (b) City Cipton
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Onieda
(c) City Cipton
(d) Street Address or R.F.D. No. Rural
(e) How long has MOTHER lived in Idaho? 29 yrs.
(f) Mother's mailing address General Delivery
3. RESIDENCE of FATHER (city, state): Cipton Idaho

4. FULL NAME OF CHILD Lawnie Howell Hooker

5. Date of Birth
(Month, day, year) May 29 1910

6. Sex Male 7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Simon Simey Hooker
11. Color or Race White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Cipton Idaho
(City or town) (State or foreign country)
14. Exact Occupation Father
15. Industry or Business

16. FULL MAIDEN NAME Emma Ann Howell
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Cipton Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 1 Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) APR 28 1942 (b) Mabel E. Fisher
(Date received) (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.), and address _____ Date _____

27. Given name added on _____ by _____ (Registrar's signature)

State of Idaho
County of Bonneville

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Clyde Gess, being first duly sworn, say that I am Sister Related to Lawnie Howell Hooker as Sister (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Harriett A. Howell (Name of attendant at birth) who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Subscribed and sworn to before me on this 28th day of April, 1942

Signature Mrs Clyde Gess P.O. Address 207 S Shoppe Ave Idaho Falls Ida
Idaho Falls Idaho

(SEAL)

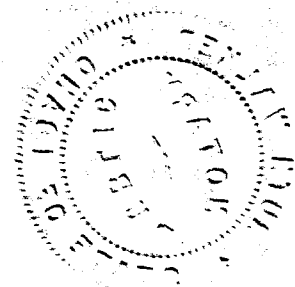
Notary Public, residing at _____

APR 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

343136
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bonner (b) City Bonniers Ferry
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home:
Birth occurred at home residence
(e) Mother's stay BEFORE delivery:
IN THIS county 15 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Bonner
(c) City Bonniers Ferry
(d) Street Address or R.F.D. No. General Delivery
(e) How long has MOTHER lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Bonniers Ferry, Idaho

4. FULL NAME OF CHILD Allen Eileen Egan

5. Date of Birth of Child
(Month, day, year) August 5, 1910

6. Sex Female 7. Twin or Triplet Twin 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James William Egan
11. Color White 12. Age at time of THIS birth 43 yrs.
13. Birthplace Idaho, County Weymouth
(City or town) (State or foreign country)
14. Exact Occupation Cook
15. Industry or Business Restaurant

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Alice Delahanty
17. Color White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Kilbuck, Minnesota
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Bonner ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 31 years, and that Dr. F. E. Fry, who attended this birth, is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 27th day of April, 1942.
(SEAL) E. B. Delahanty Notary Public, residing at Bonniers Ferry, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)


Received for filing on APR 28 1942 by Marj E. Egan, Registrar.

MAY 31 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

- 532-125035-763

343148

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kamiah (b) City Kamiah
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kamiah
(c) City Kamiah
(d) Street Address or R.F.D. No. R.F.D. Gen. Del
(e) How long has MOTHER lived in Idaho? 02 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Jack Elsworth
5. Date of Birth of Child (Month, day, year) Oct. 25, 1910
6. Sex Male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Elias W. Bowman 16. FULL MAIDEN NAME Mary Poland
11. Color White 12. Age at time of THIS birth 31 yrs. 17. Color White 18. Age at time of THIS birth 18 yrs.
13. Birthplace Salem Oregon U.S.A. 19. Birthplace Parsons Kansas
(City or town) (State or foreign country) (City or town) (State or foreign country)
14. Exact Occupation Farmer & Harness Maker 20. Exact Occupation Housewife
15. Industry or Business 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Kamiah } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that Dr. Taylor (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Bowman Signature
504 N. 4th. Avenue, Yakima, Wash. P. O. Address

Subscribed and sworn to before me this 27 day of April, 1942
(SEAL) Dr. Taylor Notary Public, residing at Yakima
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1942 by Mabel E. Egan Registrar.

APR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

343152

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Unknown
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Unknown
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Melvin Eugene Kungler

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Nov. 3, 1910

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jacob John Kungler
11. Color White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Boise Switzerland
(City or town) (State or foreign country)
14. Exact Occupation Railroad Crossing Watchman
15. Industry or Business Union Pacific Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Grace Timson
17. Color White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Des Moines Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Boise } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 31 1/2 years, and that Sharon, who attended this birth can not be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Grace Doniff Signature
Myraa Eugene P. O. Address

Subscribed and sworn to before me this 28 day of April, 1942
(SEAL) Ed Ryan City Reader Notary Public, residing at Ontario Ave.
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1942 by Mabel T. Belton, Registrar.

APR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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343155

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No. _____
Bureau of Census STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County Lemhi (b) City MAY
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 6 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City MAY
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address MAY Idaho

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Hettie Viola Ridings
5. Date of Birth (Month, day year) 9, 25, 1910
6. Sex female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME J. M. Ridings 16. FULL MAIDEN NAME Jessie Blanche DeLong
11. Color or Race White 17. Color or Race White
12. Age at time of THIS birth 35 yrs. 18. Age at time of THIS birth 21 yrs.
13. Birthplace Athol Tennessee 19. Birthplace HANSON Nebraska
(City or town) (State or foreign country) (City or town) (State or foreign country)
14. Exact Occupation farmer 20. Exact Occupation House wife
15. Industry or Business farmin'g 21. Industry or Business House keeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum Lysol
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) _____, who is related to this child as _____ (First name) (Last name)

26. (a) APR 29 1942 (Date received) (b) [Signature] (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Lemhi
I, Jessie B. Wells, being first duly sworn, say that I am related to Hettie Viola Ridings as Mother (Related to (or) acquainted with) (State Relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Solame Cleveland, who attended said birth deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 25 day of May 1942
(SEAL) [Signature] Notary Public, residing at MAY Idaho
Commission expires 5/21/44

Jessie B. Wells Signature
[Signature] P. O. Address

APR 30 1942

AUG 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349-116029-113

343163

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Satah (b) City Genesee
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county 28 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Satah (b) County Idaho
(c) City Genesee
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 47 yrs.

3. RESIDENCE OF FATHER (city, state) Cottonwood, Wash

4. FULL NAME OF CHILD Lincoln Nicholas Currin

5. Date of Birth of Child
(Month, day, year) Aug. 16th 1942

6. Sex white 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate?

FATHER OF CHILD

10. FULL NAME Lincoln C. Currin
11. Color White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Cottonwood, Wash
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mrs. Louise M. Jacobs
17. Color white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Cottonwood, Wash
(City or town) (State or foreign country)
20. Exact Occupation none
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child... 2 (b) Born alive and now living... 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Hannah Swenson, who is related to this child as.....
(First name) (Last name)

25. Attendant's OWN signature Hannah Swenson M.D. Midwife Address Genesee, Idaho date April 2 1942

State of..... } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of..... }

I, the undersigned, being first duly sworn, say that I am the Mrs. Lincoln Currin of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 31 years, and that Hannah Swenson, who attended this birth, living at Genesee, Idaho I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session.

Lincoln N. Currin Signature
Cottonwood, Idaho P. O. Address

Subscribed and sworn to before me this 27 day of April, 1942
(SEAL) J. H. Swenson Notary Public, residing at Cottonwood, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1942 by Mabel E. Fisher Registrar.

APR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

884-226 028 291

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

343202

State File No. _____
Local Reg. No. 28
Reg. Dist. No. 121

1. PLACE OF BIRTH

(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. Marine Route
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county - 1 years 1 month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. Marine Route
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address Coeur d'Alene, Idaho

3. RESIDENCE of FATHER (city, state) C.D.A., Idaho

4. FULL NAME OF CHILD

Frances Letitia Hyde

5. Date of Birth
(Month, day year) March 26, 1910

6. Sex Female

7. Twin or Triplet _____
If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Paul Eugene Hyde
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Sioux City, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Brawley
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Amesville, Ohio
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) APR 14 1942 (b) Mrs. E. B. Hill
(Date received) (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Kootenai

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Clarence Youmans, being first duly sworn, say that I am related to (Related to (or) acquainted with) Frances Letitia Hyde as older sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Eliza Hill (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 30 day of August, 1942
(SEAL) M. B. Williams Notary Public, residing at St. Charles, Mo.

MY COMMISSION EXPIRES JUNE 5, 1943.

APR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

765 718 028 814

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **343297**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County..... (b) City Spirit Lake
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Small Railroad Hospital Emergency I think
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 7 days across from home
IN THIS county years month 21 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Wash. (b) County.....
(c) City Newport
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 21 yrs.
(f) Mother's mailing address.....

4. FULL NAME OF CHILD

John Atkinson Pfeiffer

5. Date of Birth

(Month, day year) 3-18-1910

6. Sex male

7. Twin or Triplet

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

John Frederick Pfeiffer

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Chicago

(City or town)

(State or foreign country)

14. Exact Occupation Salvage Electrical Work

15. Industry or Business Manufacture of dry batteries

MOTHER OF CHILD

16. FULL MAIDEN NAME

Caroline Elsie Hausen

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Louisville

(City or town)

(State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 12:45 A.M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mary Pfeiffer, who is related to this child as (Mother, etc.)
(First name) (Last name)

26. (a) APR 30 1942 (Date received) (b) (Registrar's signature)

27. Given name added on.....by..... (Registrar's signature)

25. Attendant's OWN signature Can't locate know M.D. (D.O., Midwife, etc.)
and address Date

State of Washington ss.
County of King

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, John Frederick Pfeiffer, being first duly sworn, say that I am Father, related to (Related to (or) acquainted with)
John Atkinson Pfeiffer as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1927 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dorothy Kimball (Name of attendant at birth) who attended said birth cannot be located and that this birth has not been previously recorded (Is now deceased (or) cannot be located)

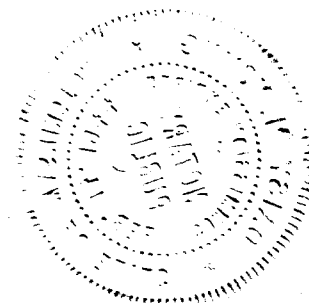
Subscribed and sworn to before me on this 28 day of April 1942
(SEAL) Daisy Young Notary Public, residing at Seattle

MAY 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earling FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

165-119 009 719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **343312**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bonner (b) City Midas
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bonner
(c) City Midas
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho 4 3/4 yrs.
3. RESIDENCE OF FATHER (city, state)
Midas, Idaho

4. FULL NAME
OF CHILD

Willard Garrison Jones

5. Date of Birth of Child
(Month, day, year) Feb. 19, 1910

6. Sex Male

7. Twin or
Triplet If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL
NAME Bert Jones
11. Color White 12. Age at time
or Race of THIS birth 31 yrs.
13. Birthplace Valisca Iowa
(City or town) (State or foreign country)
14. Exact
Occupation Miner
15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN
NAME Pearl Garrison
17. Color White 18. Age at time
or Race of THIS birth 18 yrs.
19. Birthplace Holton Kansas
(City or town) (State or foreign country)
20. Exact
Occupation Housewife
21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 4:00 A. M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Pearl Arthur, who is
related to this child as mother (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife

Address

Date

State of IDAHO
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 50 years of age, that I have known this person for 32 years, and that
Annie Garrison, who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 27th day of April, 1942

(SEAL)

Notary Public, residing at Sandpoint, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1942 by Mary E. Epler, Registrar.

MAY 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

595 115 028 595

343334

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Cataldo
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Cataldo
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 44 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Edwin John Niemi
5. Date of Birth of Child
(Month, day, year) July 15, 1910
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 8 9. Legitimate?

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|--|-------------------------------------|--|
| 10. FULL NAME <u>John Tapola</u> | 16. FULL MAIDEN NAME <u>Hilda Marie Niemi</u> | 17. Color <u>White</u> | 18. Age at time of THIS birth <u>19</u> yrs. |
| 11. Birthplace <u>Finland</u>
(City or town) (State or foreign country) | 17. Birthplace <u>Finland</u>
(City or town) (State or foreign country) | 19. Exact Occupation <u>Logging</u> | 20. Exact Occupation <u> </u> |
| 12. Industry or Business <u> </u> | 21. Industry or Business <u> </u> | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 8 P. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mrs. Hilda Wright, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature Barline Mack **Midwife** Address Cataldo, Idaho. Date 4-24-42
State of Idaho County of Kootenai ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that , who attended this birth I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this day of , 19

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Mabel E. [Signature], Registrar.

W A Y 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States ^{355 042-109} MAY 4 1942
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

343350 343350
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Twin Falls (b) City Kimberley
(c) Street Address or R.F.D. No. Gen. Delivery
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Twin Falls
(c) City Kimberley
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD EUGENE PRATT TENNANT

5. Date of Birth of Child
(Month, day, year) Aug. 9, 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ward Marry Tennant
11. Color White **12. Age at time** 39 yrs.
or Race of THIS birth
13. Birthplace Susquehanna Co. Pennsylvania
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Viola Mae Webster
17. Color White **18. Age at time** 26 yrs.
or Race of THIS birth
19. Birthplace Hartwell Nebraska
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 31 years, and that Rayd (Twin Falls) who attended this birth Cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires March 3, 1946

Subscribed and sworn to before me this 1st day of May, 1942
(SEAL) D. G. G. G. Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

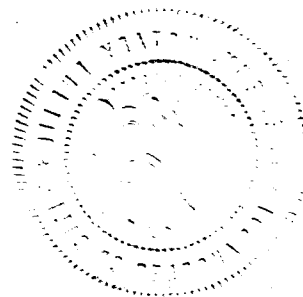
Received for filing on MAY 4 1942 by Mary E. Elder Registrar.

MAY 4 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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235-120-014-293
MAY 5 1942

343374

United States
Department of Commerce
Bureau of the Census

Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **343374**
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Baldwell
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Home
(e) Mother's stay BEFORE delivery:
IN THIS county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Baldwell
(d) Street Address or R.F.D. No. 12 + Arthur St.
(e) How long has MOTHER lived in Idaho? 37 yrs.

4. FULL NAME OF CHILD Everett Edward Stewart

5. Date of Birth of Child
(Month, day, year) Aug. 20, 1910

6. Sex Male 7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes.

FATHER OF CHILD
10. FULL NAME Louis E. Stewart
11. Color White 12. Age at time of THIS birth 22 yrs.
13. Birthplace Hot Springs, Mo.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. FULL MAIDEN NAME Bessie May Kilborn
17. Color White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Midvale, Ida.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho ss.
County of Washington

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 31 years, and that Bea Cole, who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Mae Kilborn Stewart
Signature
Midvale Idaho P. O. Address

Subscribed and sworn to before me this 4th day of May, 1942
(SEAL) J. H. Goodrich Notary Public, residing at Midvale Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1942 by Mary E. Eder, Registrar.

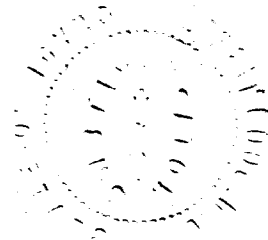
DEC 23 1954

MAY 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343375
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Boise (b) City Garden Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Charlton Ranch House
(e) Mother's stay BEFORE delivery:
IN THIS county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Boise
(c) City Garden Valley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho 52 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME
OF CHILD

Samuel Emil Charlton

5. Date of Birth of Child

(Month, day, year) July 23, 1910

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel Thomas Charlton
11. Color White 12. Age at time
or Race White of THIS birth 29 yrs.
13. Birthplace Garden Valley, Idaho
(City or town) (State or foreign country)
14. Exact
Occupation Farmer
15. Industry or
Business

MOTHER OF CHILD

16. FULL MOTHER NAME Leona Elizabeth Martz
17. Color White 18. Age at time
or Race White of THIS birth 31 yrs.
19. Birthplace Idaho City, Idaho
(City or town) (State or foreign country)
20. Exact
Occupation Housewife
21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at Idaho M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Leona Martz, who is
related to this child as (Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature Leona Martz M.D. Address Idaho Date Mar 20-42
Midwife

State of Idaho ss.
County of Boise

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Leona Martz of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 29 years of age, that I have known this person for 29 years, and that
(First name) (Last name) who attended this birth. I further state that
(Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 20 day of March, 19 42

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1942 by Mary Fielder, Registrar.

MAY 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

816-213 029 866

343411

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Latah (b) City Pattish
(c) Street Address or R.F.D. No. R.F.D. 2
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 1 months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Latah
(c) City Pattish
(d) Street Address or R.F.D. No. R.F.D. 2
(e) How long has MOTHER lived in Idaho? 18 yrs.

4. FULL NAME OF CHILD

Irene Gladys Hawkins

5. Date of Birth of Child

(Month, day, year) 9-13-10

6. Sex Female 7. Twin or Triplet 1 If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? ✓

FATHER OF CHILD

10. FULL NAME Mirance Ethel Hawkins
11. Color White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Arden, Co. Kansas
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Howell
17. Color White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Palouse, Wash.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ? at ? M. on the date ?
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ?, who is related to this child as ?
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Albert E. Eagle M.D. Midwife Address 14th West Los Angeles, Cal. Date April 13, 1942

- State of California County of Los Angeles } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

- I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4 above, that I am now 35 years of age, that I have known this person for 31 years, and that Dorothy D. Harrison attended this birth deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

- Subscribed and sworn to before me this 14th day of April, 1942
(SEAL) Albert E. Eagle Notary Public, residing at West Los Angeles, Cal.
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)
My Commission Expires June 13, 1945

- Received for filing on APR 30 1942 by Myra E. Egan Registrar.

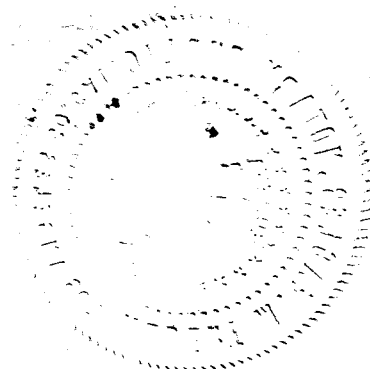
MAY 4 1942

JUL 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



249-131 04-293

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **343438**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Fruitland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Stayed in own home.
(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years ? months ? days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Fruitland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Fruitland, Ida.

5. Date of Birth of Child
(Month, day, year) Aug. 31, 1910.

4. FULL NAME OF CHILD Manford Alsafon Smith

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Martin Alfonso Smith
11. Color White 12. Age at time of THIS birth 51 yrs.
13. Birthplace Tippecanoe, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eveline Mae Silket
17. Color White 18. Age at time of THIS birth 43 yrs.
19. Birthplace Red Oak, Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Oregon } ss.
County of Idaho

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 31 years, and that , who attended this birth is now deceased I further state that (first name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W. Hobart Smith Signature
Route #2 Eugene Oregon Address

Subscribed and sworn to before me this 20 day of April, 1942
(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by Registrar.

MAY 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

132-207 018-165

343445

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Clearwater</u> (b) City <u>Fraser</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mother's stay BEFORE delivery: IN THIS county years months <u>2</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Clearwater</u> (c) City <u>Fraser</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>2</u> <u>1/2</u> yrs.	
4. FULL NAME OF CHILD <u>Elizabeth Maxine Alkire</u> 7. Twin or Triplet 8. Sex <u>Female</u>		5. Date of Birth of Child (Month, day, year) <u>Nov. 7, 1910</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>A. Milo Alkire</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>45</u> yrs. 13. Birthplace <u>Keswick Iowa</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		16. FULL MAIDEN NAME <u>Ada Jones</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>41</u> yrs. 19. Birthplace <u>Chillicothe Missouri</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum.....			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is
 related to this child as.....
 (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington } ss.
 County of Thurston

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 31 years, and that Dr. Fry, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada Alkire Signature
Rt. 7 Box 149, Olympia, Wn. P. O. Address

Subscribed and sworn to before me this 30 day of April, 1942.
 (SEAL) Robert H. Tegen Notary Public, residing at Olympia

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 1 1942 by Mabel E. Fisher Registrar.

GRAY 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

564 713 033 869

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **343455**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Madison</u> (b) City <u>Thornton R.F.D.</u> (c) Street Address or R.F.D. No. <u>Archer P.O. Discontinued</u> (d) Name of Hospital or Maternity Home: <u>Residence</u> (e) Mother's stay BEFORE delivery: IN THIS county years months <u>2 weeks</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County (c) City <u>Thornton R.F.D.</u> (d) Street Address or R.F.D. No. <u>Archer</u> (e) How long has MOTHER lived in Idaho? <u>53 yrs.</u>	
4. FULL NAME OF CHILD <u>Grant Leland Madawell</u>		3. RESIDENCE OF FATHER (city, state) <u>Archer, Ida</u>	
6. Sex <u>male</u>		5. Date of Birth of Child (Month, day, year) <u>Aug 13 1910</u>	
7. Twin or <u>single</u> If so—born <u>1st, 2nd, 3rd</u>		8. No. months of Pregnancy <u>9</u>	
9. Legitimate? <u>Yes</u>		10. FULL NAME <u>George Albert Madawell</u>	
11. Color or Race <u>White</u>		12. Age at time of THIS birth <u>23</u> yrs.	
13. Birthplace <u>Frank, Ark</u> (City or town) (State or foreign country)		14. Exact Occupation <u>Civil Service</u>	
15. Industry or Business		16. FULL MAIDEN NAME <u>Lillian Cuneatthe Young</u>	
17. Color or Race <u>White</u>		18. Age at time of THIS birth <u>31</u> yrs.	
19. Birthplace <u>Archer, Idaho</u> (City or town) (State or foreign country)		20. Exact Occupation <u>House wife</u>	
21. Industry or Business		22. Name prophylactic used to prevent Ophthalmia Neonatorum	

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 4 A.M. on the date Aug 13 1910
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Lillian C Madawell, who is related to this child as mother
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Lillian C Madawell **M.D.** Archer, Idaho **Address** Archer, Idaho **Date** Aug 13 1910
State of Idaho County of Madison } ss.
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4 above, that I am now 53 years of age, that I have known this person for 32 years, and that Lillian C Madawell, who attended this birth, Cannot be located. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 30 day of April, 1942.
(SEAL) Lillian C Madawell Notary Public, residing at Archer, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

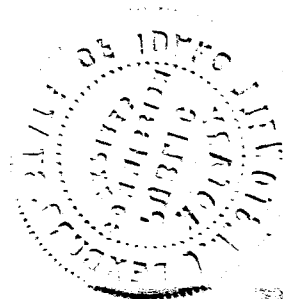
Received for filing on MAY 1 1942 by Mabel Beeler Registrar.

WY 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



225-202009-618

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

343472

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Banner (b) City Priest River
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Banner
(c) City Priest River
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Priest River, Idaho

4. FULL NAME OF CHILD Dorothy Fay Skerry
5. Date of Birth of Child (Month, day, year) 11-2-1910
6. Sex Female 7. Twin or Triplet Yes If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME James William Skerry
11. Color white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Nova Scotia (City or town) (State or foreign country)
14. Exact Occupation Minister
15. Industry or Business Cong'l Church

MOTHER OF CHILD
16. FULL MAIDEN NAME Florence Myrtle Fay
17. Color white 18. Age at time of THIS birth 28 yrs.
19. Birthplace Princeton, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 6:00 P.M. on the date (Born alive stillborn)
and at the place stated above, and that personal particulars were furnished by James W. Skerry who is related to this child as father (Mother, etc.) (First name) (Last name)

25. Attendant's signature James W. Skerry M.D. Midwife Address Date

State of Washington } ss.
County of King

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 36 1/2 years of age, that I have known this person for 31 years, and that Dr. McCarthy who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rev. James William Skerry Signature
P. O. Address

Subscribed and sworn to before me this 23rd day of March 1942
(SEAL) Ernest J. Smith Notary Public, residing at Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 30 1942 by Marj G. L. L. Registrar.

MAY 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

613 118 '35-345

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **343473**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. 1728 Main
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 1728 Main
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston, Idaho

5. Date of Birth of Child

(Month, day, year) Oct. 18, 1910

4. FULL NAME OF CHILD

Robert Carl Walk

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Rudolph Herman Walk
11. Color White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Jackson, Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Drygoods Clerk
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna M. Lockka
17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Bay City, Michigan
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho ss.
County of Nez Perce

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 31 years, and that Dr. Clark, who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rudolph H. Walk

Signature

P. O. Address

Subscribed and sworn to before me this 29 day of April, 1942

(SEAL)

CLERK OF THE DISTRICT COURT
EX-OFFICIO Public residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

By: Edward M. Brett
Registrar

Received for filing on

MAY 1 1942

by

W. H. Walker

Registrar

MAY 21 1942

SEP 19 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. Gen Del.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
3. **RESIDENCE OF FATHER** (city, state) Weiser

4. **FULL NAME OF CHILD** Cyrenius Ruben Widener

5. Date of Birth of Child
(Month, day, year) July 16, 1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clabern Sugerett Widener
11. Color White 12. Age at time of THIS birth 42 yrs.
13. Birthplace Kansas
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosina Almendra Randall
17. Color White 18. Age at time of THIS birth 37 yrs.
19. Birthplace Attwood Michigan
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum yes
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date and at the place stated above, and that personal particulars were furnished by Rosina Almendra Widener who is related to this child as mother
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Weiser Date

State of Idaho }
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 37 years, and that Mrs. Fred Bachea who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Rosina A Widener Signature
Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of April, 19 42
(SEAL) John T. Hally Notary Public, residing at Weiser

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by M. J. Peeler Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

239 103035 239

343498

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Neepawa (b) City Sweetwater
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Own Residence
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Neepawa
(c) City Sweetwater
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 3 yrs

4. FULL NAME OF CHILD

Richard Ronald Stinger

5. Date of Birth of Child

(Month, day, year) Aug. 3 - 1910

6. Sex

Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9 months

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Michael Stinger
11. Color White **12. Age at time**
or Race White of THIS birth 37 yrs.
13. Birthplace Ontario Canada
(City or town) (State or foreign country)
14. Exact Occupation Owner of Hotel
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Stinger
17. Color White **18. Age at time**
or Race White of THIS birth 38 yrs.
19. Birthplace Summerville Mich.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Agro 2 Sol

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 11 P M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Emma Stinger who is
related to this child as (Mother, etc.)
(First name) (Last name)

25. Attendant's OWN signature Tom Kelley **M.D.** Midwife **Address** Leovistad **Date** 4-20-42

State of..... **ss.**
County of.....

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears
in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that

....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on..... by Marie H. H. H. Registrar.

APR 27 1942

MAY 5 1972

APR 20 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

851730-007355

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **343537**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Soldier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county / years / months days

4. FULL NAME OF CHILD

Walter Virgil Heath

6. Sex

Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

10. FULL NAME

William Gilbert Heath

11. Color or Race

White

12. Age at time of THIS birth

44 yrs.

13. Birthplace

Dodge City, Kan.

(City or town)

(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine

(c) City Soldier

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Soldier, Idaho

5. Date of Birth of Child

(Month, day, year) Aug. 30, 1910

8. No. months of Pregnancy

9

9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME

Luella Centennial Smith

17. Color or Race

White

18. Age at time of THIS birth

34 yrs.

19. Birthplace

Swan Creek, Ohio

(City or town)

(State of foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Yes

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho ss.
County of Bonner

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 31 years, and that

Dr. Higgs, who attended this birth cannot be located. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Gilbert Heath Signature

Sagle, Bonner County, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of April, 19 42

(SEAL)

Emmett E. Heath Notary Public, residing at Sandpoint, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 7 1942 by Walter Heath Registrar.

MAY 8 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Perry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Perry
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Laura Belle Heaton
5. **Date of Birth of Child** (Month, day, year) Mar. 19, 1910
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Jonas Sinclair Heaton
11. Color White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Portage, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Annie Jane Harris
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Portage, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at Perry M. on the date 4.29.42
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Laura Belle Heaton, who is related to this child as Grandmother
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Laura Belle Heaton M.D. Midwife Address Perry, Idaho Date 4.29.42
State of Idaho ss. Jefferson
County of Jefferson

AFFIDAVIT to be completed when the attendant does not sign in Item 25.
Grandmother

I, the undersigned, being first duly sworn, say that I am the Grandmother of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 32 years, and that Mrs. Sarah Ann Howard, who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Belle Heaton Signature
Perry, Idaho P. O. Address

Subscribed and sworn to before me this 29 day of April, 19 42
(SEAL) Anna P. Miller Notary Public, residing at Perry, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by Mrs. Sarah Ann Howard Registrar.

JAN 23 1975

JAN 31 1945

MAY 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

343553

413-103-022.995

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Fremont</u> (b) City <u>St Anthony</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home <u>Born in my own home (no doctor)</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Fremont</u> (c) City <u>St Anthony</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>2 yrs.</u> yrs.	
4. FULL NAME OF CHILD <u>Wayne Cyril Mallery</u>		5. Date of Birth of Child (Month, day, year) <u>July 3-1910</u>	
6. Sex <u>Male</u>		7. Twin or Triplet? <u>No</u> If so, born 1st, 2nd, 3rd	
8. No. months of Pregnancy <u>9</u>		9. Legitimate? <u>Yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Walter A. Mallery</u>		16. FULL MAIDEN NAME <u>Maie E. Kelly</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>31</u> yrs.		18. Age at time of THIS birth <u>26</u> yrs.	
13. Birthplace <u>Casper, Wyo.</u> (City or town) (State or foreign country)		19. Birthplace <u>New York City</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Rancher</u>		20. Exact Occupation <u>Schoolteacher</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child.....2..... (b) Born alive and now living.....2.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date
State of.....ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of.....

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for.....years, and that (First name) (Last name) who attended this birth. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 29 day of April, 1942
(SEAL) D. M. Hume Notary Public, residing at Chicago, Ill
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Signature Maie E. Mallery
P. O. Address 4215 English Springs Rd

Received for filing on MAY 1 1942 by Maie E. Mallery, Registrar.

MAY 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331-214 036-165

343585

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oreida (b) City Wester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years 6 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Utah (b) County Salt Lake City
(c) City Salt Lake City
(d) Street Address or R.F.D. No. 407 So. 2nd street
(e) How long has MOTHER lived in Idaho? 4 yrs.

4. **FULL NAME OF CHILD** Ruth Elizabeth Clayton

5. Date of Birth of Child
(Month, day, year) March 14 - 1910

6. Sex female 7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Witten Clayton
11. Color White 12. Age at time of THIS birth 3 1/2 yrs.
13. Birthplace Salt Lake City Utah
(City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rachel Jones
17. Color White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Salt Lake City Utah
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature [Signature] M.D. Midwife Address Date

State of Idaho County of Idaho ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 4 3/4 years of age, that I have known this person for 3 3/4 years, and that Mrs Campbell who attended this birth cannot be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires July 28, 1943

Subscribed and sworn to before me this 15 day of May 1942
(SEAL) [Signature] Notary Public, residing at 1806 Thomas St Los Angeles
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code annotated.)

Received for filing on MAY 2 1942 by [Signature] Registrar.

MAY 6 1944

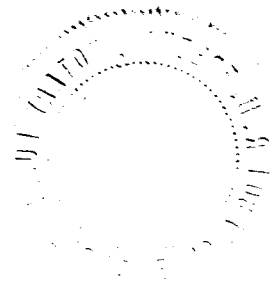
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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

343619
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Stites
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 24 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Stites
(d) Street Address or R.F.D. No. X Deceased
(e) How long has MOTHER lived in Idaho? Deceased yrs.
3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Marshall Monroe Thomason
5. Date of Birth of Child (Month, day, year) Aug. 7, 1910
6. Sex Male 7. Twin or Triplet X If so—born 1st, 2nd, 3rd X 8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Lewis Milton Thomason
11. Color White 12. Age at time of THIS birth 41 yrs.
13. Birthplace Carroll Co., Arkansas
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business X
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Hannah E. Skaggs
17. Color Female 18. Age at time of THIS birth 37 yrs.
19. Birthplace XX Texas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum X
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was X at X M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by X, who is related to this child as X (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** X **M.D.** X **Midwife** X **Address** X **Date** X
State of Idaho County of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 31 plus years, and that Rebecca A. Lyke who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X J H Seay Signature
Grangeville, Idaho P. O. Address
Subscribed and sworn to before me this 17 day of April, 1942
(SEAL) J H Seay Notary Public, residing at Grangeville
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 20 1942 by Marl E. Eder Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTIT
DELAYED

Dup of 1910-DS3-213

718-213-035-342

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **343649**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County..... (b) City Nepesee.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Parents home
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County.....
(c) City Nepesee.....
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Eleonora Catherine Pahl (Litch)

5. Date of Birth of Child

(Month, day, year) Oct. 13, 1910

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy

9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Pahl
11. Color White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Rockport, Germany
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lukas
Maria Catherine Lukas
17. Color White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Bonn, Germany
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1..... (b) Born alive and now living 2.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature [Signature] M.D. Midwife Address Date

State of Idaho } ss.
County of Franklin

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for some full years, and that Dr. Kelly, who attended this birth is now deceased. I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maria C Pahl Signature
P. O. Address

Subscribed and sworn to before me this 23 day of April, 1942
(SEAL) Perry W. Mulick Notary Public, residing at Nepesee, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by [Signature], Registrar.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

356116 010-419

343652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County BONNEVILLE (b) City Idaho Falls
(c) Street Address or R.F.D. No. GEN. DEL.
(d) Name of Hospital or Maternity Home:
AT HOME
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years 1 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County BONNEVILLE
(c) City Idaho Falls
(d) Street Address or R.F.D. No. GEN. DEL.
(e) How long has MOTHER lived in Idaho? 4 yrs.
3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Ida.

4. **FULL NAME OF CHILD** EARL EUGENE LEWIS
7. Twin or Triplet NO If so—born 1st, 2nd, 3rd -
6. Sex MALE

5. Date of Birth of Child (Month, day, year) SEPT. 16, 1910
8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD
10. **FULL NAME** WILLIAM THOMAS PAYTON LEWIS
11. Color WHITE 12. Age at time of THIS birth 28 yrs.
13. Birthplace COLUMBIA, MISSOURI
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD
16. **FULL MAIDEN NAME** VERA MARQUETTE LEWIS
17. Color WHITE 18. Age at time of THIS birth 25 yrs.
19. Birthplace MANLY, MINN.
(City or town) (State or foreign country)
20. Exact Occupation WIFE
21. Industry or Business FARMING

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature.....M.D. Midwife Address.....Date.....

State of Idaho } ss.
County of Shoshone

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the BROTHER of the person whose name appears in Item 4, above, that I am now 34 years of age, that I have known this person for 32 years, and that IDA PREWITT, who attended this birth IS NOW DECEASED I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marquette Lewis Signature
Earl E. Lewis Signature
MANLY, IDAHO P. O. Address

Subscribed and sworn to before me this 30 day of April, 1912
(SEAL) Ray H. Williams Notary Public, residing at Wendover, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by Marl E. Lewis Registrar

MAY 14 1942

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



699-114-014-MAY 7 1942

United States
Department of Commerce
Bureau of the Census

1942
Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

343717
State File No. 343717
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 1st South
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 1st South
(e) How long has MOTHER lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

5. Date of Birth of Child
(Month, day, year) June 14, 1910

4. FULL NAME OF CHILD Wallace Carroll Orr

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Milton Orr
11. Color or Race white 12. Age at time of THIS birth 36 yrs.
13. Birthplace Little Rock Arkansas
(City or town) (State or foreign country)
14. Exact Occupation Trucking
15. Industry or Business Transfer Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine Carroll
17. Color or Race white 18. Age at time of THIS birth 33 yrs.
19. Birthplace Custer South Dakota
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not used
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at Nampa, Idaho M. on the date May 7, 1942
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Josephine Orr, who is related to this child as Mother
(First name) (Last name)

25. Attendant's OWN signature J. H. Murray M.D. Midwife Address Nampa, Idaho Date May 7, 1942

State of Idaho County of Canyon ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 31 years, and that J. H. Murray, who attended this birth, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 7th day of May, 1942.
(SEAL) Richard Moore Notary Public, residing at Nampa, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Mary Elder, Registrar.

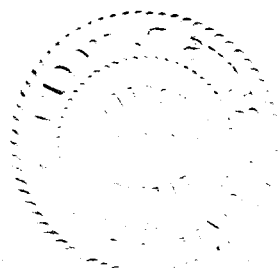
MAY 8 1942

JUL 25 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

437 121 020-364

343745

343745

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAY 12 1947

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 3 years / months 21 days

4. FULL NAME OF CHILD

Henry Foster Mc Guire

6. Sex

male

7. Twin or Triplet

Twins

If so—born
1st, 2nd, 3rd

2d

8. No. months of Pregnancy

8

9. Legitimate?

yes

FATHER OF CHILD

10. FULL NAME

Henry F. Mc Guire

11. Color or Race

white

12. Age at time of THIS birth

26 yrs.

13. Birthplace

Indian Springs

McDonald Co.

14. Exact Occupation

Santafer of City Parks

15. Industry or Business

Mo.

MOTHER OF CHILD

16. FULL MAIDEN NAME

Anita Pearl Coulter

17. Color or Race

white

18. Age at time of THIS birth

27 yrs.

19. Birthplace

East Grand Forks

Missouri

20. Exact Occupation

Housewife

21. Industry or Business

Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2

(b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D.
Midwife

Address

Date

State of Idaho County of Elmore ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that

Max Guire (First name) King (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Max Pearl Mc Guire Signature
Mountain Home Idaho P. O. Address

Subscribed and sworn to before me this 11 day of May, 1947
(SEAL) James A. [Signature] Notary Public, residing at Mountain Home Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mary Fielder Registrar.

MAY 12 1947

DEC 10 1956

MAY 12 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

814123027-613
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

343771
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Fremont</u> (b) City <u>St. Anthony</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>In Own Home</u> (e) Mother's stay BEFORE delivery: IN THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Fremont</u> (c) City <u>St. Anthony</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>4</u> yrs.	
4. FULL NAME OF CHILD <u>Herman Wilford Hammon</u>		3. RESIDENCE OF FATHER (city, state) <u>St. Anthony</u> 5. Date of Birth of Child (Month, day, year) <u>Dec. 23, 1940</u>	
6. Sex <u>Male</u>		7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	
8. No. months of Pregnancy _____		9. Legitimate? _____	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Daniel Rasmus Hammon</u>		16. FULL MAIDEN NAME <u>Sarah Ann Waters</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>27</u> yrs.		18. Age at time of THIS birth <u>29</u> yrs.	
13. Birthplace <u>Idaho</u> (City or town) _____ (State or foreign country) _____		19. Birthplace <u>Idaho</u> (City or town) _____ (State or foreign country) _____	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business _____		21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of Idaho County of Bannock ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 6 1/2 years of age, that I have known this person for _____ years, and that Mrs. D. H. Hammon who attended this birth _____ I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Ann Hammon Signature
P. Thornton Leah P. O. Address

Subscribed and sworn to before me this 2nd day of May 1942
(SEAL) P. Thornton Leah Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 1942 by M. B. Leah Registrar.

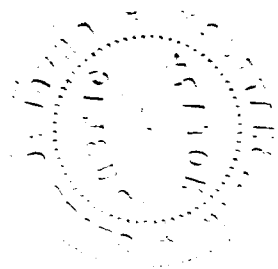
MAY 8 1942

JAN 27 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

951123 044 419

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **343800**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Washington (b) City Weiser
(c) Street Address or R.F.D.No. Gen. Del.
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery: Born at
In Hosp. or Mat. Home. _____ days. Home
IN THIS county _____ years _____ month _____ days

4. FULL NAME OF CHILD

Richard Samuel Rea

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

FATHER OF CHILD

10. FULL NAME James Samuel Rea

11. Color or Race White 12. Age at time of THIS birth 51 yrs.

13. Birthplace. Cadiz Ohio
(City or town) (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) MAY 4 1942 (b) Marcel Rea
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Washington
(c) City Weiser

(d) Street Address or R.F.D.No. Gen. Del.

(e) How long has MOTHER lived in Idaho? 4 yrs.

(f) Mother's mailing address. Gen. Del.

3. RESIDENCE of FATHER (city, state) Weiser Ida.

5. Date of Birth _____
(Month, day year) May 23/1910

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Ethyl Marsh

17. Color or Race White 18. Age at time of THIS birth 34 yrs.

19. Birthplace. Oakland Oregon
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business _____

State of Oregon } ss.
County of Multnomah

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, James Samuel Rea, being first duly sworn, say that I am Related to
Richard Samuel Rea as Father
(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended

said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

James Samuel Rea Signature
1625 W. Riverside P. O. Address

Subscribed and sworn to before me on this 29th day of April, 1942

(SEAL)

Samuel R. F. R. E. R. Notary Public, Residing at _____

My Commission Expires Feb. 3, 1943

NOTARY PUBLIC FOR OREGON

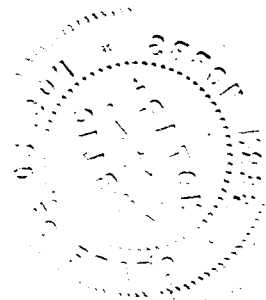
My Commission Expires Feb. 3, 1943

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

533 103 010-254

343811

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. I Street
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 yrs.
3. **RESIDENCE OF FATHER** (city, state) deceased (now

4. **FULL NAME OF CHILD** Joseph William Ellison

5. Date of Birth of Child
(Month, day, year) Feb. 3, 1910

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Westley Ellison
11. Color white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Cottonwood, Utah
(City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Ellen Kemp
17. Color white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Leahi, Utah
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is
related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of Nevada County of Washoe } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32 years, and that Mrs. Rosanna Denning who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Elizabeth Ellison Signature
P. O. Box 1319, Reno, Nevada. P. O. Address

Subscribed and sworn to before me this 4th day of May, 19 42
(SEAL) Kenneth Notary Public, residing at Reno, Nevada.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by May 8 1942 - Mabel K. [unclear] Registrar.

MAY 8 1942

JAN 25 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

393-202 027 419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

343826
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
at Family Home
(e) Mother's stay BEFORE delivery:
IN THIS county 30 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 34 yrs.
3. RESIDENCE OF FATHER (city, state) Jerome Idaho

4. FULL NAME OF CHILD Virginia Louise Tillman
5. Date of Birth of Child (Month, day, year) 4-25-1910
6. Sex F Twin or Triplet If so—born 1st, 2nd, 3rd 3rd 8. No. months of Pregnancy 9 9. Legitimate?

FATHER OF CHILD
10. FULL NAME Lewis Abram Tillman
11. Color White 12. Age at time of THIS birth 43 yrs.
13. Birthplace Manchester Tennessee
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Aldrian Marshall
17. Color White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Emmerson Texas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive 6 - 2 A. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Aldrian Tillman, who is related to this child as Mother (First name) (Last name)

25. Attendant's OWN signature Lu Piper M.D. Deceased Date
Midwife Address

State of Idaho ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of Jerome

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 30 years, and that Lu E. Piper who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Aldrian M Tillman Signature
Jerome Idaho P. O. Address

Subscribed and sworn to before me this 5 day of May 1942
(SEAL) William G. Constat Public, residing at Jerome Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated Judge & Ex-Officio Clerk)

Received for filing on MAY 5 1942 by Mary E. Piper Registrar.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493 106 016 943

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

343853

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years 3 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 3 yrs

4. FULL NAME OF CHILD Charles Ernest Miller

3. RESIDENCE OF FATHER (city, state) Albion, Idaho
5. Date of Birth of Child (Month, day, year) April 6, 1910

6. Sex Male **7. Twin or Triplet** Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9. Legitimate?** Yes

FATHER OF CHILD
10. FULL NAME Benjamin Eddy Miller
11. Color White **12. Age at time of THIS birth** 31 yrs.
13. Birthplace Nashville, Tennessee
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Verdie Lee Rutledge
17. Color White **18. Age at time of THIS birth** 29 yrs.
19. Birthplace Jacksonville, Alabama
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Idaho **M.D.** Cassia **Midwife** **Address** **Date**
State of.....County of.....} ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears in Item 4 above, that I am now 61 years of age, that I have known this person for 32 years, and that.....Story....., who attended this birth.....deceased.....I further state that.....15104.....(Is now deceased) or (Cannot be located)
(First name) (Last name)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Verdie Lee Miller **Signature**
Albion, Idaho **P. O. Address**

Subscribed and sworn to before me this.....day of May, 1942.
(SEAL) Marion E. Fisher **Notary Public, residing at** Albion, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

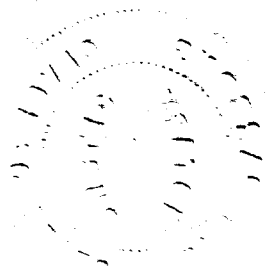
Received for filing on MAY 4 1942 by Marion E. Fisher, Registrar.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **343863**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Kootenai** (b) City **Sand Point**
(c) Street Address or R.F.D. No. **510 N. 4th Ave.**
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Kootenai**
(c) City **Sand Point**
(d) Street Address or R.F.D. No. **510 N. 4th Ave.**
(e) How long has MOTHER lived in Idaho? **3** yrs.

3. RESIDENCE OF FATHER (city, state) **same**

4. FULL NAME OF CHILD

Lloyd Vernon Junken

5. Date of Birth of Child

(Month, day, year) **Aug 25 1940**

6. Sex

Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **7**

9. Legitimate? **Yes**

FATHER OF CHILD

10. FULL NAME

Harry Russell Junken

11. Color or Race **White**

12. Age at time of THIS birth **21** yrs.

13. Birthplace **Mattson**

(City or town)

(State or foreign country)

14. Exact Occupation **Lumber Salesman**

15. Industry or Business **Lumber**

MOTHER OF CHILD

16. FULL MAIDEN NAME

Laura Margaret Ketchum

17. Color or Race **White**

18. Age at time of THIS birth **20** yrs.

19. Birthplace **Schoolcraft**

(City or town)

(State or foreign country)

20. Exact Occupation **Housewife**

21. Industry or Business **Home**

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **Yes**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as

(Mother, etc.)

(First name)

(Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of **Oregon**

County of **Clatsop** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4, above, that I am now **5 1/2** years of age, that I have known this person for **3 1/2** years, and that

(First name) **Dr. Patterson** (Last name)

who attended this birth **now deceased** I further state that

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Harry Junken Signature
Vernon Junken P. O. Address

Subscribed and sworn to before me this **8th** day of **April**, 19**42**

(SEAL)

Chas F. Miller

Notary Public, residing at **Cornwall Ore.**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) **3/22 1944**

Received for filing on **APR 20 1942** by **Harry Junken** Registrar.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

343914
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. North West Main St
(d) Name of Hospital or Maternity Home:
Own Family Home
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. North West Main
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot Idaho

4. FULL NAME OF CHILD

Henry LeRoy Jensen

5. Date of Birth of Child
(Month, day, year) May 4, 1910

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Henry Jensen
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Murray Utah
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Idaho State Mental Asylum

MOTHER OF CHILD

16. FULL MAIDEN NAME Edna Call
17. Color White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Afton W. Va.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ozail

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at 9 A.M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Edna Call Jensen, who is related to this child as Mother (First name) (Last name)

25. Attendant's OWN signature Henry E. Brown M.D. Midwife Address Lagon. Utah Date Apr. 16

State of..... County of..... ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)..... Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1942 by Marjorie E. Elin, Registrar.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343923
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. R.F.D. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 7 yrs.
3. **RESIDENCE OF FATHER** (city, state) Idaho Falls,

5. Date of Birth of Child
(Month, day, year) Dec. 19, 1910

4. **FULL NAME OF CHILD** Thelma Alice Jones
7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Henry Jones
11. Color White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Stroud England
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Ritter
17. Color White 18. Age at time of THIS birth 20 yrs.
19. Birthplace St Clair County Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who wasatM. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Bonneville

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 32 years of age, that I have known this person for life years, and that Annie Hiatt, who attended this birth is deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen Ritter Jones Signature
Idaho Falls, Ida. Rt. 1 P. O. Address

Subscribed and sworn to before me this 1 day of May, 1942.
(SEAL) W. J. Brown Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 2 1942 by Marj T. Fisher, Registrar.

NOV 2 1972

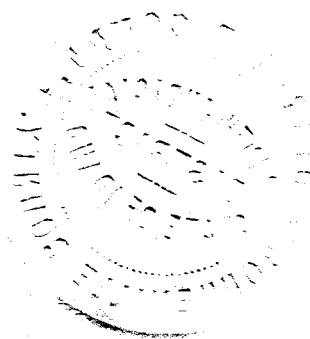
MAY 9 1942

AUG 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

343925
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County.....Boundary..... (b) City.....Bonnars Ferry.....
(c) Street Address or R.F.D. No.....Gen. Del......
(d) Name of Hospital or Maternity Home:
Doctor Fry's Hospital
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State.....Idaho..... (b) County.....Boundary.....
(c) City.....Bonnars Ferry.....
(d) Street Address or R.F.D. No.....Gen. Del......
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Same.

5. Date of Birth of Child
(Month, day, year) April 2, 1910

4. FULL NAME OF CHILD Ruby Irene Newton

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Harvey Gilbert Newton
11. Color white 12. Age at time of THIS birth 28 yrs.
13. Birthplace Glendive, Montana
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mamie E Robison
17. Color white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Kirkland, Illinois
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business house wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California ss.
County of Los Angeles

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that DOCTOR FRY who attended this birth. Cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 17th day of April, 1942

(SEAL)

J. N. Heus Notary Public, residing at Los Angeles, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Feb. 3, 1945

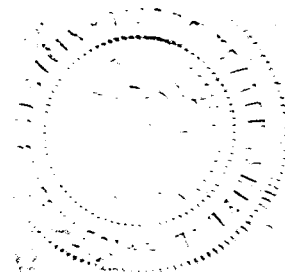
Received for filing on MAY 2 1942 by Mamie E Robison Registrar.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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343941

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census 12-18-41 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Butte (b) City St. Maries
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

- (e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home..... days.
IN THIS county 6 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Kootenai
(c) City St. Maries
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address St. Maries, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Larry Gibbons Guile

6. Sex Male 1 Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Walter Cline Guile
11. Color white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Lumber Broker
15. Industry or Business Lumber

5. Date of Birth 10-5-1909
(Month, day year)

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Mina Anna MacGregor
17. Color white 18. Age at time of THIS birth 26 yrs.
19. Birthplace Gallatin, Mich. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Agnes
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 1
(c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) 7 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mina Guile (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) MAY 2 1942 (b) (Registrar's signature)
27. Given name added on..... by..... (Registrar's signature)

25. Attendant's OWN signature Owens J. Platt M.D. (D.O., Midwife, etc.)
and address St. Maries Idaho Date 4-30-42

State of..... }
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I,, being first duly sworn, say that I am..... (Related to (or) acquainted with), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth) who attended said birth..... and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this..... day of....., 19.....
(SEAL)..... Notary Public, residing at.....

Signature
P. O. Address

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

691-106025-369

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF LIVE BIRTH

State File No. **343979**

Registrar's No. _____

State of Idaho

1. PLACE OF BIRTH: (a) County <u>Idaho</u> (b) City or town <u>Kamiah - Rural</u> <small>(If outside city or town limits, write RURAL)</small> (c) Name of hospital or institution: <u>At home</u> <small>(If not in hospital or institution, give street number or location)</small> (d) Mother's stay before delivery: In hospital or institution _____ In this community <u>23</u> <small>(Specify whether years, months, or days)</small>		2. USUAL RESIDENCE OF MOTHER: (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City or town <u>Kamiah - Rural</u> <small>(If outside city or town limits, write RURAL)</small> (d) Street No. _____ <small>(If rural, give location)</small>	
3. Full name of child <u>Oliver Wendell Frank</u>		4. Date of birth <u>July 6, 1910</u> <small>(Month) (Day) (Year)</small>	
5. Sex: _____	6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____	7. Number months of pregnancy _____	8. Is mother married? _____
FATHER OF CHILD 9. Full name <u>Sam Frank</u> 10. Color or race <u>Indian</u> 11. Age at time of this birth <u>35</u> yrs. 12. Birthplace <u>Spalding</u> <u>Idaho</u> <small>(City, town, or county) (State or foreign country)</small> 13. Usual occupation <u>Farming</u> 14. Industry or business <u>Own farm</u>		MOTHER OF CHILD 15. Full maiden name <u>Priscilla F. Corbett</u> 16. Color or race <u>Indian</u> 17. Age at time of this birth <u>23</u> yrs. 18. Birthplace <u>Kamiah</u> <u>Idaho</u> <small>(City, town, or county) (State or foreign country)</small> 19. Usual occupation <u>Housewife</u> 20. Industry or business <u>Home</u> 22. Mother's mailing address for registration notice: <u>Mother deceased</u>	
21. Children born to this mother: (a) How many other children of this mother are now living? <u>3</u> (b) How many other children were born alive but are now dead? <u>4</u> (c) How many children were born dead? <u>1</u>			
23. I hereby certify that I attended the birth of this child who was born alive at the hour of <u>11</u> a.m. on the date above stated and that the information given was furnished by <u>Ida C. Blackeagle</u> , related to this child as <u>Cousin</u>			
24. Date received by local registrar <u>MAY 5, 1942</u>		Attendant's own signature <u>Ida C. Blackeagle</u>	
25. Registrar's own signature <u>[Signature]</u>		Attest, subscribe or other <u>Cousin</u> Date signed <u>April 20, 1942</u>	
26. Date on which given name added _____ by _____ <small>(Registrar)</small>		Address <u>Lapwai, Idaho</u>	

8-6916

U. S. GOVERNMENT PRINTING OFFICE 16-13492

I certify that the information furnished above is a correct and true transcript as taken from the Official Records of the Northern Idaho Agency, and from information furnished by cousin of the applicant. Certified this 20th day of April, 1942.

[Signature]
A. G. Wilson, Superintendent

Subscribed and sworn to before me this 20th day of April, 1942 at Lapwai, Ida.

My Commission Expires: 3/22/43

[Signature]
Notary Public

MAY 11 1942

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **344009**
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Blanchard
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Parents Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months 30 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Blanchard
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 30 days
3. **RESIDENCE OF FATHER** (city, state) Blanchard, Idaho

4. **FULL NAME OF CHILD** Olive Charlotte Blades
5. Date of Birth of Child
(Month, day, year) Sept. 8, 1910
6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|---|--------------------------------------|--|
| 10. FULL NAME <u>George Blades</u> | 16. FULL MAIDEN NAME <u>Ida Amelia Hawley</u> | 17. Color <u>White</u> | 18. Age at time of THIS birth <u>36</u> yrs. |
| 11. Birthplace <u>Near Windsor, Canada</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Canada</u>
(City or town) (State or foreign country) | 20. Exact Occupation <u>Logging</u> | 21. Industry or Business <u>Logging</u> |
| 12. Age at time of THIS birth <u>36</u> yrs. | 22. Exact Occupation <u>Housewife</u> | 23. Industry or Business <u>None</u> | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
- and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
25. Attendant's **OWN** signature Washington M.D. Kittitas Address Date

State of Washington } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Kittitas

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 31 years, and that Dr. Philip who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Blades Signature
601 W. 7th, Ellensburg, Washington P. O. Address

Subscribed and sworn to before me this 4th day of May
(SEAL) Notary Public, residing at WASHINGTON

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 7 1942 by Mary E. Blum Registrar.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

418 120025993

344020

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>White Bird</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>11</u> years months days	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>White Bird</u> (d) Street Address or R.F.D. No. <u>X</u> (e) How long has MOTHER lived in Idaho? <u>43</u> yrs.
3. RESIDENCE OF FATHER (city, state) <u>White Bird</u>	

4. FULL NAME OF CHILD <u>Lloyd Lee Mahurin</u>	5. Date of Birth of Child (Month, day, year) <u>Sept. 20, 1910</u>
6. Sex <u>Male</u>	7. Twin or Triplet <u>Triplet</u> If so—born <u>1st, 2nd, 3rd</u>
8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Sterling Price Mahurin</u>	16. FULL MAIDEN NAME <u>Viola Richey</u>	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>22</u> yrs.
11. Birthplace <u>Henry Co. Missouri</u> (City or town) (State or foreign country)	19. Birthplace <u>Sheridan Co. Neb.</u> (City or town) (State or foreign country)	20. Exact Occupation <u>Farmer</u>	21. Exact Occupation <u>Housewife</u>
12. Age at time of THIS birth <u>39</u> yrs.	22. Industry or Business <u>X</u>	23. Industry or Business <u>X</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum X

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was 2 at M. on the date 2 (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by X, who is related to this child as X (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature X **M.D.** Midwife **Address** Idaho **Date** Idaho

State of Idaho County of Idaho ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 31 years, and that Mrs. Ed Nelson is now deceased who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Violet Mahurin Signature
White Bird, Idaho P. O. Address

Subscribed and sworn to before me this 5 day of May, 1942
(SEAL) H. H. Nelson Notary Public, residing at Grangeville
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Mabel E. Keeler Registrar.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

469116003456

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344046
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pebble
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county 8 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pebble
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.

4. FULL NAME OF CHILD Clarence Eli Morris
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) Pebble, Idaho
5. Date of Birth of Child Feb 16, 1910
(Month, day, year)
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Eli Morris
11. Color White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Cremont, Mo. Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD Edith Morris
16. FULL MAIDEN NAME Edith Morris
17. Color White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Omaha, Neb. Neb. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 4 A. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Edith Morris, who is related to this child as Mother (First name) (Last name)

25. Attendant's Edith Morris M.D. Midwife
OWN signature Ellis Kackley Address Soda Springs, Idaho Date 4-18-42

State of Oregon County of Josephine ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 68 years of age, that I have known this person for all his life years, and that Ellis Kackley, who attended this birth, has been located. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith Morris Signature
Route 3, Box 106, Grants Pass, Ore. P. O. Address
Subscribed and sworn to before me this 23 day of April, 1942
(SEAL) Hazel E. Randolph Notary Public, residing at Grants Pass, Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, Commission expires 4/5/46.)

Received for filing on APR 25 1942 by M. B. Belcher Registrar.

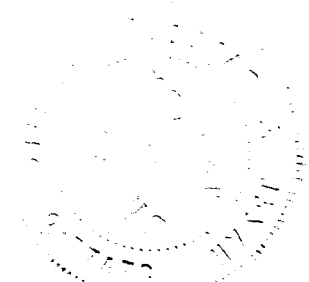
MAY 9 1942

MAY 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

255-121037-769

344064

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Owyhee (b) City Bruneau
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
At home
(e) Mother's stay BEFORE delivery:
IN THIS county 28 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Owyhee
(c) City Bruneau
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 41 yrs.

3. RESIDENCE OF FATHER (city, state) Bruneau, Idaho

5. Date of Birth of Child Sept. 21, 1910
(Month, day, year)

4. FULL NAME OF CHILD RICHARD JOHN BENHAM

6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Leachman Benham
11. Color or Race White 12. Age at time of THIS birth 55 yrs.
13. Birthplace Marion, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Louisa Jane Portlock
17. Color or Race White 18. Age at time of THIS birth 42 yrs.
19. Birthplace Marion, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho }
County of Owyhee } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the half-sister of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 31 years, and that Doctor Mother who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida B. Adams Signature
P. O. Address

Subscribed and sworn to before me this 30 day of April, 1942
(SEAL) Lois B. Mills Notary Public, residing at Bruneau
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7, 1942 by Mabel E. Elin Registrar.

JUN 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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415718032215

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

344086

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 23 yrs.

4. FULL NAME OF CHILD

Irving Melrose Davis

6. Sex

Male

7. Twin or Triplet

One

If so—born

1st, 2nd, 3rd

8. No. months

9 mos.

9. Legitimate?

yes

FATHER OF CHILD

10. FULL NAME

Homer Windfield Davis

11. Color or Race

white

12. Age at time

39 yrs.

13. Birthplace

Pomeroy

Ohio

(City or town)

(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Ida May Sanders

17. Color or Race

white

18. Age at time

33 yrs.

19. Birthplace

Lincoln

Idaho

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho }
County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4, above, that I am now 65 years of age, that I have known this person for 5 years, and that

Edna May Sanders, who attended this birth as deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Ida May Sanders
Shoshone, Idaho

Signature

P. O. Address

Subscribed and sworn to before me this 7th day of May, 19 42

(SEAL)

Howard E. Adams

Notary Public

residing at Shoshone, Idaho

Shoshone, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

PROBATE JUDGE OF LINCOLN COUNTY, IDAHO

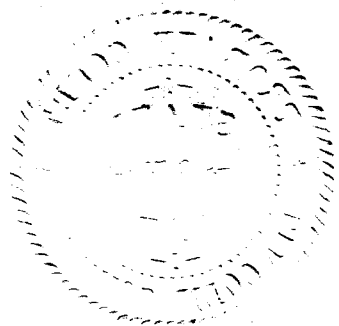
Received for filing on MAY 8 1942 by Marj Z. Keeler, Registrar.

MAY 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **344117**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County **Jerome** (b) City **Hazelton**
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: **none**
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years **3** month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Jerome**
(c) City **Hazelton and vicinity**
(d) Street Address or R.F.D.No. _____
(e) How long has **MOTHER** lived in Idaho? **4** yrs.
(f) Mother's mailing address **above**

4. FULL NAME OF CHILD **Bent Edison Archer**

5. Date of Birth **Nov. 4, 1910**
(Month, day year)

6. Sex **male** 7. Twin or Triplet **no** If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME **George R. Archer**
11. Color **white** 12. Age at time of THIS birth **42** yrs.
13. Birthplace **Noble Co. Ohio**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business **Farming**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Ethel Julia Rigby**
17. Color **white** 18. Age at time of THIS birth **33** yrs.
19. Birthplace **Sargents Bluff, Iowa.**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child **3** (b) Born alive and now living **3**
(c) Born alive and now dead **none** (d) Stillborn **none**

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) **MAY 8 1942** (b) **Mabel J. Decker**
(Date received) (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's **OWN** signature _____ M.D. _____
(D.O., Midwife, etc.)
and address _____ Date _____

State of **Oregon**
County of **Union** } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, **Ethel Rigby Archer**, being first duly sworn, say that I am **related to** **Bent Edison Archer** as **mother** (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Dr. Lenta** (Name of attendant at birth) who attended said birth **is now deceased** and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Notary Public for Oregon

My commission expires **Aug. 25, 1945**
Subscribed and sworn to before me on this **23** day of **April** 19 **42**

(SEAL)

Signature **Ethel Rigby Archer** P. O. Address **Summerville, Ore**
Notary Public, residing at **Summerville, Ore**

MAY 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

DECEASED



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

366-216035 285

344122

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County My Base (b) City.....
(c) Street Address or R.F.D. No......
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 7 years 7 months 11 days

4. FULL NAME OF CHILD Nellie Grace Loeary

6. Sex female 7. Twin or Triplet If so born
1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Larings Loeary
11. Color White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Chattanooga, Tennessee
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County My Base
(c) City.....
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) My Base Collier
5. Date of Birth of Child (Month, day, year) 5-16-10

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Sydney Beryl Loeary
17. Color White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Rainbow, Missouri
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of My Base } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that

Orff Harrington who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sydney Beryl Loeary Signature
P. O. Address

Subscribed and sworn to before me this 2 day of May, 1942.
(SEAL) Edward E. Beutler Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by Marj E. Leifer Registrar.

MAY 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

699 110001 819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **344142**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Star</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>7</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Star</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>7</u> yrs.	
4. FULL NAME OF CHILD <u>Orville Albert Wright</u>		5. Date of Birth of Child (Month, day, year) <u>June 10, 1910</u>	
6. Sex <u>male</u>	7. Twin or Triplet <u>no</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Albert Wright</u>		16. FULL MAIDEN NAME <u>Minnie Amanda Hartley</u>	
11. Color or Race <u>wh</u>	12. Age at time of THIS birth <u>49</u> yrs.	17. Color or Race <u>wh</u>	18. Age at time of THIS birth <u>32</u> yrs.
13. Birthplace <u>Idaho</u> (City or town) (State or foreign country)	14. Exact Occupation <u>Farmer</u>	19. Birthplace <u>Idaho</u> (City or town) (State or foreign country)	20. Exact Occupation <u>Housewife</u>
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Baker **M.D.** Baker **Midwife** Baker **Address** Baker **Date** May 1942

State of Oregon County of Baker } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4 above, that I am now 65 years of age, that I have known this person for 2 years, and that Dr. Hall, who attended this birth cannot be located further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Desch Signature
Richland Oregon P. O. Address
Subscribed and sworn to before me this 8th day of May 1942
(SEAL) Frank Jones Notary Public, residing at Baker Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

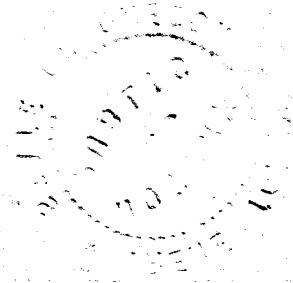
Received for filing on MAY 9 1942 by Mabel Z. Griffin, Registrar.

MAY 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

219 116 022 515

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **344148**
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Blaine (b) City Blaine
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME OF CHILD

Thomas Edward Haven

6. Sex Male

7. Twin or Triplet ✓

If so—born 1st, 2nd, 3rd 8

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Thomas William Haven

11. Color or Race White

12. Age at time of THIS birth 47 yrs.

13. Birthplace Idaho

(City or town)

(State or foreign country)

14. Exact Occupation Father

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State..... (b) County.....

(c) City

(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho?..... yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child

(Month, day, year) June 10 1940

16. FULL MAIDEN NAME

MOTHER OF CHILD

Oliver Sistrate

17. Color or Race White

18. Age at time of THIS birth 46 yrs.

19. Birthplace Idaho

(City or town)

(State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... M. on the date.....
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's OWN signature E. J. Dargatzis

M.D.

Midwife

Address Arden Idaho

Date 5-2-42

State of..... ss.
County of.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that.....
(First name) (Last name) (Is now deceased) or (Cannot be located)

....., who attended this birth..... I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1942 by Marj E. Fisher, Registrar.

MAY 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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344171

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Baker
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Baker
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
3. **RESIDENCE OF FATHER** (city, state) Baker, Idaho

4. **FULL NAME OF CHILD.** Hazel Bertha Barnett
5. Date of Birth of Child
(Month, day, year) Aug. 10, 1910
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Daniel Edward Barnett
11. Color White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Ogden, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mabel Ann Wade
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Lemhi, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child, 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature..... M.D. Midwife Address..... Date.....

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Lemhi }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 31 years, and that W. C. Whitwell who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Wade Barnett Signature
Tendoy, Idaho P. O. Address

Subscribed and sworn to before me this 4th. day of May, 1942..

(SEAL) W. W. Simmonds, Clerk of the District Court, in and for Lemhi County, Idaho Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Claver Edwards Deputy Registrar.

MAY 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

815-110-006-355

344218

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Pocat
(c) Street Address or R.F.D. No. Fourth St.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county 10 years 18 months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Pocat
(d) Street Address or R.F.D. No. Fourth St.
(e) How long has MOTHER lived in Idaho? 23 yrs.

4. FULL NAME OF CHILD Melvin E. Hansen

5. Date of Birth of Child
(Month, day, year) June 10 1910

6. Sex Male 7. Twin or Triplet single If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William E. Hansen
11. Color White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Perry Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Barbara E. Leeples
17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Williamston Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at Pocat M. on the date June 10 1910
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Barbara E. Hansen, who is related to this child as mother
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M. E. Lattie M.D. M.D. Midwife Address Blackfoot Idaho Date 5-4-1942

State of Idaho County of Bingham ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Physician of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 9 1/2 years, and that Melvin E. Hansen, who attended this birth born, I further state that (is now deceased) or (cannot be located)
(First name) (Last name)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

M. E. Lattie M.D. Signature
Blackfoot, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of May, 1942
(SEAL) Edwin L. Lattie Notary Public, residing at Blackfoot Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by Melvin E. Hansen Registrar.

MAY 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink on BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

517 106-027 533

344224

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No. Northside Inn
(d) Name of Hospital or Maternity Home: Northside Inn Hotel
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 9 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No. Northside Inn
(e) How long has MOTHER lived in Idaho? 3 yrs.
3. **RESIDENCE OF FATHER** (city, state) Jerome, Idaho

4. **FULL NAME OF CHILD** David Oliver Eagan

5. Date of Birth of Child
(Month, day, year) Dec. 6, 1910

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Kleon Linwood Eagan
11. Color White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Kimnudy, Ill.
(City or town) (State or foreign country)
14. Exact Occupation Hotel Manager
15. Industry or Business Northside Inn Hotel

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl Elledge
17. Color White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Horatio, Arkansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't Know
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at 3 P.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Kleon L. Eagan, who is related to this child as Father
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature _____ M.D. _____ Midwife _____ Address _____ Date _____
State of Oklahoma _____ } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Oklahoma _____ }

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 31 years, and that Dr. Riber & Mrs. Owen, who attended this birth, is now deceased. I further state that (First name) (Last name) (Now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X R. Eagan Signature
5 day of May 1942
Subscribed and sworn to before me this _____ day of _____, 1942
(SEAL) Maurice Watson Notary Public, residing at 2409 N. Myer
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Maurice Watson Registrar.

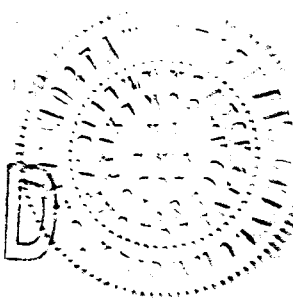
MAY 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED



462-126 040-365

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **344227**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Sho Shone (b) City Frazier.....
(c) Street Address or R.F.D. No. None.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Sho Shone.....
(c) City Frazier.....
(d) Street Address or R.F.D. No. None.....

(e) How long has **MOTHER** lived in Idaho? 9-- yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child

(Month, day, year) Sept. 26, 1942

4. FULL NAME OF CHILD

John Edward Mosley

6. Sex Male 7. Twin or Triplet No 8. No. months of Pregnancy 9-- 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Bertrum Mosley.....
11. Color White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Nex Perce, Idaho.....
(City or town) (State or foreign country)
14. Exact Occupation Laborer.....
15. Industry or Business Laborer.....

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elmina Long.....
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Hendrix, West Virginia.....
(City or town) (State or foreign country)
20. Exact Occupation Housewife.....
21. Industry or Business Housewife.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature

M.D.
Midwife

Address

Date

State of Washington..... } ss.
County of Benton..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4 above, that I am now 58 years of age, that I have known this person for since birth years, and that Martha Jearden who attended this birth now deceased I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elmina Mosley Signature
Prosser, Washington P. O. Address

Subscribed and sworn to before me this 20th day of April, 1942.

(SEAL)

Orville Brown Notary Public, residing at Prosser, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

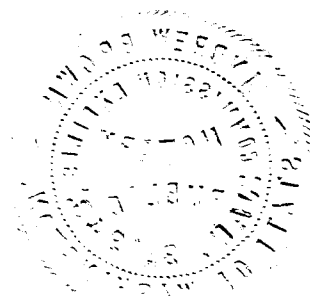
Received for filing on MAY 9 1942 by [Signature] Registrar.

MAY 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

793131-001849

344282

344282

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1920 N 17th
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
IN THIS county years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1920 N 17th
(e) How long has MOTHER lived in Idaho? 27 yrs.

4. FULL NAME OF CHILD

Thomas Henry Gillam

5. Date of Birth of Child

(Month, day, year) March 31, 1910

6. Sex

Male

7. Twin or Triplet

no

If so—born 1st, 2nd, 3rd

-

8. No. months of Pregnancy

9

9. Legitimate?

yes

FATHER OF CHILD

10. FULL NAME

Thomas Gillam

11. Color or Race

White

12. Age at time of THIS birth

32 yrs.

13. Birthplace

Bedford County Penn.

(City or town)

(State or foreign country)

14. Exact Occupation

Dairyman

15. Industry or Business

Dairy

MOTHER OF CHILD

16. FULL MAIDEN NAME

Viola Vivian Hurt

17. Color or Race

White

18. Age at time of THIS birth

27 yrs.

19. Birthplace

Boise

Idaho

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Not known

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Ada

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the we Mother + Father of the person whose name appears in Item 4 above, that I am now 57 & 62 years of age, that I have known this person for 32 years, and that

Dr. Bowers, who attended this birth dead I further state that
(First name) (Last name) (Is now deceased) (Cannot be located)

The facts on the certificate above are true to the best of our knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Subscribed and sworn to before me this 15th day of March, 1910

(SEAL)

Miss E. J. Gifford Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

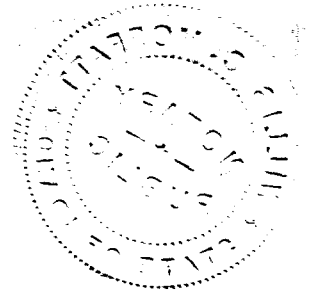
Received for filing on by Registrar.

701-10
MAY 16 1938

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

893 111 007-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

344343
State File No. 64
Local Reg. No. 410
Reg. Dist. No. 410

1. PLACE OF BIRTH (All items at time of this birth).
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home Residence
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 36 mo. yrs.
3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD John B. Hildreth
5. Date of Birth of Child (Month, day, year) Oct. 11, 1910
6. Sex Male 7. Twin or Triplet Yes If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Thomas E. Hildreth
11. Color White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Sherman City, Kansas
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Matie Olive Hildreth
17. Color White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Marion, Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Paula at 12:00 P.M. on the date (Born alive or unborn)
and at the place stated above and that personal particulars were furnished by John B. Hildreth who is related to this child as father (Mother, etc.)
(First name) (Last name)

25. Attendant's OWN signature Paula M.D. Midwife Address Hailey, Idaho Date 2/4/42
State of California ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of Fresno

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 31 years, and that Dr. Robt. Wright who attended this birth (see affidavit above) I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Matie Olive Hildreth Signature
510 Renovation Ave. P.O. Address
Fresno, California.

Subscribed and sworn to before me this 1 st day of May 1942.
(SEAL) R. W. Portman Notary Public, residing at Fresno, California.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires March 31, 1946

Received for filing on 5-6-1942 by Robert H. Wright Registrar.

MAY 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

253 211035-365

344370

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>neg Perce</u> (b) City <u>neg Perce</u> (c) Street Address or R.F.D. No. <u>2</u> (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>10</u> years <u>10</u> months <u>0</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>neg Perce</u> (c) City <u>neg Perce</u> (d) Street Address or R.F.D. No. <u>2</u> (e) How long has MOTHER lived in Idaho? <u>10</u> yrs.	
4. FULL NAME OF CHILD <u>Geneva Fay Bell</u>		3. RESIDENCE OF FATHER (city, state) <u>neg Perce, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Oct. 11, 1910</u>	
6. Sex <u>female</u> 7. Twin or Triplet <u>0</u> If so—born 1st, 2nd, 3rd <u>0</u>		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>David Edgar Bell</u> 11. Color <u>white</u> 12. Age at time of THIS birth <u>28</u> yrs. 13. Birthplace <u>Idaho</u> (City or town) (State or foreign country) 14. Exact Occupation <u>farmer</u> 15. Industry or Business <u>farming Industry</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Minnie Mae Conwell</u> 17. Color <u>white</u> 18. Age at time of THIS birth <u>30</u> yrs. 19. Birthplace <u>Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business <u>housewife</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Idaho ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 31 years, and that Mrs Geo Brock who attended this birth can't be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Commission Expires Feb. 14th, 1940.

Minnie M Bell Signature
Box 567 Postville California P. O. Address

Subscribed and sworn to before me this 27th day of May 1942, 19
(SEAL) am Tobias Notary Public, residing at Postville Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914. Idaho Code Annotated.)

Received for filing on MAY 11 1942 by Mabel E. Epler Registrar.

JAN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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963 209 025-663

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

344375
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME OF CHILD

Dorothy Estella Rocheford

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

6. Sex Female

FATHER OF CHILD

10. FULL NAME

Frank Eugene Rocheford

11. Color
or Race White

12. Age at time
of THIS birth 22 yrs.

13. Birthplace

Minneapolis, Minn.

(City or town)

(State or foreign country)

14. Exact
Occupation

Cedar pole Contractor

15. Industry or
Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho

(c) City Kamiah

(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Kamiah, Idaho

5. Date of Birth of Child

(Month, day, year) Oct. 9, 1910

8. No. months
of Pregnancy 9

9. Legitimate?

MOTHER OF CHILD

16. FULL MAIDEN NAME

Ida Bertha Wolfe

17. Color
or Race White

18. Age at time
of THIS birth 18 yrs.

19. Birthplace

Minneapolis, Minn.

(City or town)

(State or foreign country)

20. Exact
Occupation

Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho

County of Idaho

ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4, above, that I am now 51 years of age, that I have known this person for..... years, and that

Mrs. Julius Wolfe who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Ida Rocheford

Signature

Kamiah, Idaho

P. O. Address

Subscribed and sworn to before me this..... day of..... 1942

(SEAL)

E. F. Carlson

Notary Public, residing at Kamiah, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by Mabel E. Leeper Registrar.

MAY 13 1912

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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639-113-028-318

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **344404**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 2 years months days

4. FULL NAME OF CHILD Richard Frank Olin

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Frank Archie Olin
11. Color White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Broadhead, Wis. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Rathdrum, Idaho

5. Date of Birth of Child
(Month, day, year) May 13, 1910

8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Emily Taylor
17. Color White 18. Age at time of THIS birth 35 yrs.
19. Birthplace 2nd Minn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Donner ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 31 years, and that

Blanchard, who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Emily Olin Signature
Blanchard, Idaho P. O. Address

Subscribed and sworn to before me this 6 day of May 1942
(SEAL) Richard G. Boers Notary Public, residing at Blanchard, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 9 1942 by Mabel Taylor Registrar.

MAY 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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819 127-016 995

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **344406**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Carter Duane Harrison

5. Date of Birth of Child

(Month, day, year) Dec. 27, 1910

6. Sex M

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Julius Ulmer Harrison

11. Color W. **12. Age at time**
or Race of THIS birth 44 yrs.

13. Birthplace Dallas Co., Alabama
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Etta Rivers

17. Color W. **18. Age at time**
or Race of THIS birth 30 yrs.

19. Birthplace Toole Co. Utah
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho
County of Gem } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 32 years, and that Dr. A.L. McIntyre, who attended this birth Deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Etta Harrison Signature
Emmett Idaho P. O. Address

Subscribed and sworn to before me this 27th day of May, 1942
(SEAL) Emmett Idaho Notary Public, residing at Emmett Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 9 1942 by May 11 1942 Registrar.

MAY 14 1942

FEB 20 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

437-212 005 853

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **344420**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Benewah (b) City Boville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City Boville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Vergie Angele McGraw
6. Sex female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Aug. 12, 1910

FATHER OF CHILD
10. **FULL NAME** Wm. Lester McGraw
11. Color white 12. Age at time of THIS birth 23 yrs.
13. Birthplace Kendrick Idaho
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Wilhelmina Hecht
17. Color white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Barnesville Minn
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 6 a m. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Wm. Lester McGraw, who is related to this child as FATHER
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 31 years, and that Mrs. A. E. McGraw, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Commission expires July 30, 1945.

William Lester McGraw Signature
Kingston Idaho. P. O. Address

Subscribed and sworn to before me this 6 day of May, 19 42
(SEAL) Mary M. Stout Notary Public, residing at Kellogg Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by Registrar.

MAY 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

313 108 008 926

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **344456**
Local Reg. No.
Reg. Dist. No.

MAY 13 1942

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Boise (b) City Merrell
(c) Street Address or R.F.D. No. City
(d) Name of Hospital or Maternity Home: Home

(e) Mother's stay BEFORE delivery:

IN THIS county 9 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Boise
(c) City MC Call
(d) Street Address or R.F.D. No. City
(e) How long has MOTHER lived in Idaho? 9 1/2 yrs.

3. RESIDENCE OF FATHER (city, state)

MC Call Idaho
5. Date of Birth of Child (Month, day, year) Dec. 8 1910

4. FULL NAME OF CHILD

Beala Birmingham Cate

6. Sex male 7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

10. FULL NAME OF FATHER OF CHILD

William Ara Cate

11. Color white 12. Age at time of THIS birth 22 yrs.

13. Birthplace Merrell, Montana
(City or town) (State or foreign country)

14. Exact Occupation Contractor

15. Industry or Business Contractor

MOTHER OF CHILD

16. FULL MAIDEN NAME Stanny Julian Ikola

17. Color White 18. Age at time of THIS birth 18 yrs.

19. Birthplace Army, Wyoming
(City or town) (State or foreign country)

20. Exact Occupation Laundry Work

21. Industry or Business Employee

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who wasat.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Oregon } ss.
County of Boise

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 31 years, and that Mrs. J. Schrotter, who attended this birth is now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Ara Cate Signature

821 - Columbus P. O. Address

Subscribed and sworn to before me this 11 day of May, 1942
(SEAL) Ed. Nielsen Notary Public, residing at Hot Springs, Ariz.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1942 by Mal R. Seal NOTARY PUBLIC FOR OREGON REGISTRAR. COMMISSION EXPIRES OCT. 10, 1942

MAY 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

915-204042869

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

344469

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County TWIN FALLS (b) City TWIN FALLS
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county ONE years months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County TWIN FALLS
(c) City TWIN FALLS
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 19 yrs.

4. FULL NAME OF CHILD VERDETTA MAY RAEHRS

3. RESIDENCE OF FATHER (city, state) TWIN FALLS, IDA.
5. Date of Birth of Child
(Month, day, year) NOV. 4 1910

6. Sex FEMALE **7. Twin or Triplet** NO **If so—born** NO
1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME PLEMPTON WILLIAM RAEHRS
11. Color or Race WHITE **12. Age at time of THIS birth** 37 yrs.
13. Birthplace FREMONT OHIO
(City or town) (State or foreign country)
14. Exact Occupation Plumbing
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY HORSLEY
17. Color or Race WHITE **18. Age at time of THIS birth** 19 yrs.
19. Birthplace ALBION IDAHO
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living ONE

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Midwife** **Address** **Date**

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 30 years of age, that I have known this person for 37 years, and that Dr. Wilson, who attended this birth, cannot be located. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W. M. Raehrs Signature
114 30 King Catholic, Wash. P. O. Address

Subscribed and sworn to before me this 5 day of May, 1942
(SEAL) Charles E. Edwards Notary Public, residing at Centerville
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by Mabel R. ... Registrar.

MAY 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-223-022897

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **344518**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Freemont (b) City Parker
(c) Street Address or R.F.D. No. P. 25000
(d) Name of Hospital or Maternity Home: at Mother Davenport's home
(e) Mother's stay BEFORE delivery:
IN THIS county 8 years 6 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Freemont
(c) City Warm River
(d) Street Address or R.F.D. No. Warm River P.O.
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Parker Idaho
5. Date of Birth of Child (Month, day, year) February 23, 1910

4. FULL NAME OF CHILD

Stella Davenport

6. Sex girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ezra Sperry Davenport
11. Color white **12. Age at time of THIS birth** 26 yrs.
13. Birthplace Paradise, Backco, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer Bingham
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Armintha Higley
17. Color white **18. Age at time of THIS birth** 25 yrs.
19. Birthplace Cluff, Dale, Utah
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Ohio at Ohio M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Ezra Davenport who is related to this child as Father (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Louisa L. Davis **M.D.** Midwife Address St Anthony R 2 Date May 12, 1942

State of Idaho ss.
County of Freemont

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Ohio of the person whose name appears in Item 4, above, that I am now 26 years of age, that I have known this person for 26 years, and that

Stella Davenport, who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 12 day of May, 1942

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

Received for filing on MAY 13 1942 by M. L. Davis Registrar.

MAY 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

39 101 022, 754

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

344519

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay BEFORE delivery:
IN THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 8 yrs.

4. FULL NAME OF CHILD

Donald Pemble Barnes

3. RESIDENCE OF FATHER (city, state)

Ashton Idaho
5. Date of Birth of Child
(Month, day, year) June 1, 1940

6. Sex

male

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

yes

FATHER OF CHILD

10. FULL NAME

Thomas Patton Barnes

11. Color or Race

white

12. Age at time of THIS birth

29 yrs.

13. Birthplace

Palmyra, Nebraska

(City or town)

(State or foreign country)

14. Exact Occupation

Dental Surgeon

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Gladys Pemble

17. Color or Race

white

18. Age at time of THIS birth

29 yrs.

19. Birthplace

Maple, Iowa

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at Ashton M. on the date 5-11-42
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Gladys Barnes, who is related to this child as Mother,
(First name) (Last name)

25. Attendant's OWN signature

E. L. Hargis

M.D.

Midwife

Address Ashton Idaho

Date 5-11-42

State of

Idaho

County of

Fremont

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that

E. L. Hargis, who attended this birth, can not be located. I further state that

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gladys Pemble Barnes Signature

Ashton Idaho

P. O. Address

Subscribed and sworn to before me this 30th day of April, 19 42.

(SEAL)

W. W. Simmonds, Clerk of the Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code and Statute)

By Clara Edwards

Deputy Registrar.

Received for filing on

MAY 1 1942

by

Malcolm E. Edwards

MAY 15 1942

DEC 7 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

157117036-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

344535
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Oneida (b) City Mink Creek
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Oneida
(c) City Mink Creek
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?.....yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Freman Julius Jepsen

5. Date of Birth of Child

(Month, day, year) Oct 17 1910

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate yes

FATHER OF CHILD

10. FULL NAME

Julius Jepsen

11. Color or Race white

12. Age at time of THIS birth.....yrs.

13. Birthplace Mink Creek Idaho

(City or town)

(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Adell Bergquist

17. Color or Race white

18. Age at time of THIS birth.....yrs.

19. Birthplace Mink Creek Idaho

(City or town)

(State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 2 P. M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Adell Jepsen, who is related to this child as Mother (First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho ss.
County of Franklin

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 21 years, and that Nancy Dickshot who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Della Bergquist Jepsen Signature
P. O. Address

Subscribed and sworn to before me this 8 day of May 1942
(SEAL)

Notary Public, residing at Franklin

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by Marj E. Fisher Registrar.

MAY 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

816-129 011-763

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **344558**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Boundary (b) City Bonner's Ferry
(c) Street Address or R.F.D. No. Riverside
(d) Name of Hospital or Maternity Home: Home residence
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Boundary
(c) City Bonner's Ferry
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 25 yrs.

4. FULL NAME OF CHILD

Addison Vernon Haworth

3. RESIDENCE OF FATHER (city, state)

Bonner's Ferry

5. Date of Birth of Child
(Month, day, year) April 29, 1910

6. Sex

Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Riley Haworth
11. Color White 12. Age at time of THIS birth 26 yrs.
13. Birthplace San James, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Carpenter & cooper
15. Industry or Business laborer

MOTHER OF CHILD

16. FULL MAIDEN NAME Matilda Tillie Polgin
17. Color White 18. Age at time of THIS birth 25 yrs.
19. Birthplace San James, Iowa
(City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date
(Born alive, stillborn).
and at the place stated above, and that personal particulars were furnished by Matilda Jeffries, who is
related to this child as mother (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife

Address

Date

State of Idaho ss.
County of Boundary

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
in Item 4, above, that I am now 38 years of age, that I have known this person for 12 years, and that
Dr. Esher E. Jeff is now deceased, who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Matilda Tillie Haworth Jeffries Signature
By 64 P. O. Address

Subscribed and sworn to before me this 11 day of May, 1942

(SEAL)

Wm. J. Kelly Notary Public, residing at Bonner's Ferry, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1942 by Man. R. R. R. Registrar.

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

217-127 004864

344561

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
At home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 35 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier, Idaho

4. **FULL NAME OF CHILD** Joseph George Bagley

5. Date of Birth of Child
(Month, day, year) 5/27/1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Bagley
11. Color white 12. Age at time of THIS birth 44 yrs.
13. Birthplace Notttinghamshire, England
(City or town) (State or foreign country)
14. Exact Occupation Engineer on railway
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Isabelle Young
17. Color white 18. Age at time of THIS birth 35 yrs.
19. Birthplace Montpelier, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know name of medicine used
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date

State of Idaho } ss.
County of Bear Lake

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for all his life years, and that Dr. E. F. Guyon, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Isabelle Young Bagley Signature
Montpelier, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of May, 1942.

(SEAL) Chas. E. Barnes Notary Public, residing at Montpelier, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 12 1942 by Mary E. Egan Registrar.

AUG 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

815-211-036 815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **344591**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Oneida (b) City Malad, Ida.
(c) Street Address or R.F.D. No. North Maine St.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay BEFORE delivery:
IN THIS county 9 years 9 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. No. Maine St.
(e) How long has MOTHER lived in Idaho? 22 yrs.

4. FULL NAME OF CHILD

Blanche Claire Hanson

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

5. Date of Birth of Child

(Month, day, year) May 11, 1910

3. RESIDENCE OF FATHER (city, state) Malad, Idaho

FATHER OF CHILD

10. FULL NAME David Maroni Hanson

11. Color white 12. Age at time of THIS birth 21 yrs.

13. Birthplace Provo City, Utah
(City or town) (State or foreign country)

14. Exact Occupation salesman

15. Industry or Business selling paper

MOTHER OF CHILD

16. FULL MAIDEN NAME Ells Blanche Hanson

17. Color white 18. Age at time of THIS birth 22 yrs.

19. Birthplace Provo City, Utah
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of.....
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 32 years, and that Dr. H. Wright, who attended this birth some time I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 129, 1937 Session Laws.

Mabel Thomas Welch Signature
Salt Lake City, Utah P. O. Address

Subscribed and sworn to before me this 11th day of May, 1942
(SEAL) Bernice Fowler Notary Public, residing at Salt Lake City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 1-914, Idaho Code Annotated.)

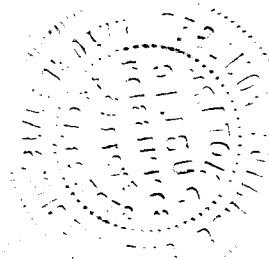
Received for filing on MAY 14 1942 by Mabel Welch Registrar.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelopes bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **344598**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Lincoln (b) City
(c) Street Address or R.F.D. No. Jerome Idaho
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 1 years 6 months days

4. FULL NAME OF CHILD Frank John Brich

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Frank Joseph Brich
11. Color white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Sanders Co. Neb.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Lincoln
(c) City
(d) Street Address or R.F.D. No. Jerome Idaho
(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Same

5. Date of Birth of Child

(Month, day, year) Aug. 3-1910

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Carolyn Hermine Schmershall
17. Color white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Pittsburgh Pa
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)

25. Attendant's
OWN signature

M.D.
Midwife

Address

Date

State of California
County of Santa Cruz Co. ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 31 years, and that

Dr. John F. Schmershall, who attended this birth is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carolyn S. Jensen

Signature

130 San Juan Ave. Santa Cruz, Calif. P. O. Address

Subscribed and sworn to before me this 27th day of APRIL, 1915

(SEAL)

Lawrence J. Sharp Notary Public, residing at Santa Cruz CALIF.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 30 1942 by [Signature] Registrar.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope. bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

253 217 029 318

United States
Department of Commerce
Bureau of the Census

MAY 13 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344651
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Boavill
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Boavill
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 13 yrs.

4. FULL NAME OF CHILD Alta Edna Bechtel

5. Date of Birth of Child
(Month, day, year) Sept 17, 1920

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Louis F. Bechtel
11. Color white 12. Age at time of THIS birth 53 yrs.
13. Birthplace Mechanicville Ill
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farms

MOTHER OF CHILD

16. FULL MAIDEN NAME Christina Pearl Layton
17. Color white 18. Age at time of THIS birth 29 yrs.
19. Birthplace Oregon
(City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Ida Shoshone M.D. Midwife Address Date
State of Idaho County of Idaho ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that Dr. R. Young who attended this birth can not be located. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 129, 1937 Session Laws.

L. F. Bechtel Signature
Clarkia Idaho P. O. Address
Subscribed and sworn to before me this 17 day of March, 1942
(SEAL) Oral Gibery Notary Public, residing at Clarkia Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

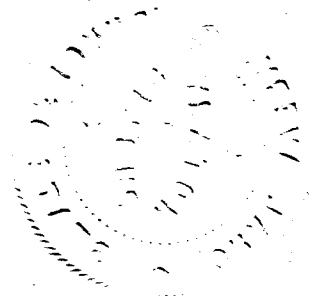
Received for filing on MAY 13 1942 by Mary F. Bechtel Registrar.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 191, 1911 Session Laws~~ has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

819-115009-389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344654
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. 418 Pine St.
(d) Name of Hospital or Maternity Home:
Home birth
(e) Mother's stay BEFORE delivery:
IN THIS county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. 418 Pine St.
(e) How long has MOTHER lived in Idaho? 6 mos. yrs.

4. FULL NAME OF CHILD Clarence Robert Harman

5. Date of Birth of Child
(Month, day, year) Feb 15, 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Wesley Harman
11. Color White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Sheldon Iowa
(City or town) (State or foreign country)
14. Exact Occupation Electrician
15. Industry or Business Power & Light Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Ema Thresa Christenson
17. Color White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Stockholm Sweden
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Washington ss.
County of Kitsap

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4 above, that I am now 64 years of age, that I have known this person for 32 years, and that Patterson M. D. who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ema Thresa Christenson Signature
P. O. Box 174, Bremerton, Wash. P. O. Address

Subscribed and sworn to before me this 11th day of May, 19 42

(SEAL) Frederick Hall Notary Public, residing at Bremerton

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

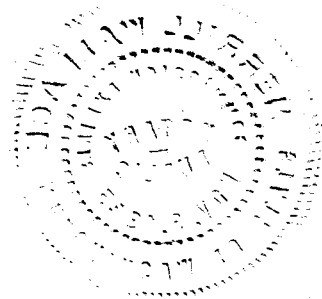
Received for filing on MAY 13 1942 by Marj B. Griffin Registrar.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



897126 001796

344655

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>505 Franklin</u> (d) Name of Hospital or Maternity Home: <u>at above residence</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>4</u> years <u>1</u> months <u>26</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>505 Franklin</u> (e) How long has MOTHER lived in Idaho? <u>4-1/6</u> yrs.	
4. FULL NAME OF CHILD <u>Jack Propper Higgins</u>		5. Date of Birth of Child (Month, day, year) <u>June 26, 1910</u>	
6. Sex <u>male</u>	7. Twin or Triplet <u>No</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Paul J. Higgins</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>24</u> yrs. 13. Birthplace <u>New Richmond, Wis.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>buyer in dry goods store</u> 15. Industry or Business <u>retail dry goods</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Dollie Loveless Propper</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>22</u> yrs. 19. Birthplace <u>Wahpeton, North Dakota</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business <u>housewife</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>yes</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
 (First name) (Last name)
 (Mother, etc.)

25. Attendant's
OWN signature.....**M.D.**.....**Address**.....**Date**.....
 State of Wisconsin
 County of Rock } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 31 years, and that Dr. Hugh A. Bererton is now deceased, who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Dollie Propper Spafford Signature
915 Milwaukee Ave., Janesville, Wis. O. Address

Subscribed and sworn to before me this 14th day of May, 1942.
 (SEAL).....Notary Public, residing at Janesville, Wis.
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, amended by Commission Expires Sept. 28, 1943)

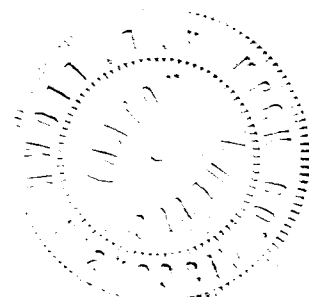
Received for filing on MAY 13 1942 by Mary J. Spafford Registrar.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



344710

145212025754

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Fenn</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>(child born in home)</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>6</u> years <u>7</u> months <u>4</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Fenn</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>6 1/2</u> yrs.	
3. RESIDENCE OF FATHER (city, state) <u>Fenn, Idaho</u>		5. Date of Birth of Child (Month, day, year) <u>Dec. 12, 1910</u>	

4. FULL NAME OF CHILD <u>Olga Wilhelmine Juvet</u>		6. Sex <u>female</u>		7. Twin or Triplet <u>no</u>		If so—born 1st, 2nd, 3rd <u>no</u>		8. No. months of Pregnancy <u>Nine</u>		9. Legitimate? <u>Yes</u>	
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FATHER OF CHILD				MOTHER OF CHILD			
10. FULL NAME <u>Ole Juvet</u>				16. FULL MAIDEN NAME <u>Wilhelmine Sofie Andreassen</u>			
11. Color or Race <u>white</u>		12. Age at time of THIS birth <u>34</u> yrs.		17. Color or Race <u>white</u>		18. Age at time of THIS birth <u>28</u> yrs.	
13. Birthplace <u>Odda</u> (City or town)		<u>Norway</u> (State or foreign country)		19. Birthplace <u>Bukness</u> (City or town)		<u>Norway</u> (State or foreign country)	
14. Exact Occupation <u>farmer</u>				20. Exact Occupation <u>housewife</u>			
15. Industry or Business				21. Industry or Business			

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
 (First name) (Last name)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of..... } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

County of.....

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 31 years, and that Dr. Stockton who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1927 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

Wilhelmine Juvet Signature
Seattle, Washington P. O. Address

Subscribed and sworn to before me this 17th day of May, 1942.
 (SEAL) Notary Public, residing at Seattle, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

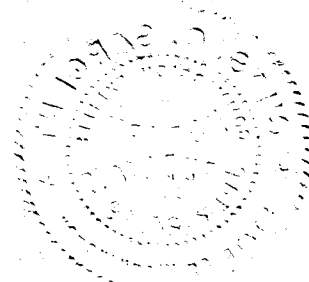
Received for filing on MAY 13 1942 by M. J. Juvet, Registrar.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 34473
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: None
IN THIS county years 35 months 6 days 1

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 63 yrs.

4. FULL NAME OF CHILD

Lethema Adessa Jones

6. Sex

female

7. Twin or Triplet

1st so-born
1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James David Jones
11. Color White 12. Age at time of THIS birth 49 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sda Amanda Jackson
17. Color White 18. Age at time of THIS birth 41 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

M.D.
Midwife

Address

Date

State of Idaho } ss.
County of Washington

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 32 years, and that Mrs Emma Cate who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida A. Jones Signature
Weiser Idaho P. O. Address

Subscribed and sworn to before me this 13 day of May, 1942
(SEAL) Notary Public, residing at Weiser Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1942 by Mabel Beeler Registrar.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-201 031417

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Lewis</u> (b) City <u>Nezperce</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>7</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Kamiah</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>48</u> yrs.	
3. RESIDENCE OF FATHER (city, state) <u>Kamiah Ida</u>		5. Date of Birth of Child (Month, day, year) <u>May 1, 1910</u>	

4. FULL NAME OF CHILD <u>Faye Evaline Miller</u>		6. Sex <u>Fem</u>	
7. Twin or Triplet		8. No. months of Pregnancy <u>9</u>	
If so—born 1st, 2nd, 3rd		9. Legitimate? <u>yes</u>	

FATHER OF CHILD 10. FULL NAME <u>Clifton Jerimiah Miller</u> 11. Color <u>white</u> 12. Age at time of THIS birth <u>29</u> yrs. 13. Birthplace <u>Corvallis Oregon</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Minnie Myrtle Daggett</u> 17. Color <u>white</u> 18. Age at time of THIS birth <u>27</u> yrs. 19. Birthplace <u>Crescent City Iowa</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
 (First name) (Last name)
 (Mother, etc.)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of Idaho } ss.
 County of Lewis }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 32 years, and that.....Dr. Lee Kelley....., who attended this birth.....is now deceased..... I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Daggett Miller Signature
Kamiah Idaho P. O. Address

Subscribed and sworn to before me this 5th day of May, 19 42
 (SEAL) Notary Public Notary Public, residing at Kamiah Idaho
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1942 by Registrar

MAY 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of the Census

MAY

18

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County BANNOCK (b) City POCATELLO
(c) Street Address or R.F.D. No. SEVENTH AVE.
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay BEFORE delivery:
IN THIS county — years 3 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County BANNOCK
(c) City POCATELLO
(d) Street Address or R.F.D. No. SEVENTH AVE.
(e) How long has MOTHER lived in Idaho? 35 yrs.

4. FULL NAME OF CHILD HAMER HAROLD BUDGE

3. RESIDENCE OF FATHER (city, state) POCATELLO, IDAHO

5. Date of Birth of Child
(Month, day, year) NOV. 21, 1910

6. Sex MALE 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy NINE 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME ALFRED BUDGE
11. Color WHITE 12. Age at time of THIS birth 42 yrs.
13. Birthplace PROVIDENCE, UTAH
(City or town) (State or foreign country)
14. Exact Occupation JUDGE, FIFTH JUDICIAL DISTRICT
15. Industry or Business SAME

MOTHER OF CHILD

16. FULL MAIDEN NAME ELLA HOGE
17. Color WHITE 18. Age at time of THIS birth 35 yrs.
19. Birthplace PARIS, IDAHO
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business SAME

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argemol
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE at POCATELLO M. on the date May 14, 1942 and at the place stated above, and that personal particulars were furnished by ELLA BUDGE, who is related to this child as MOTHER (Mother, etc.)

25. Attendant's OWN signature J. W. Hayward M.D. Midwife Address Logan Utah Date May 14, 1942
State of Utah ss. Logan AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Attendant of the person whose name appears in Item 4, above, that I am now 35 years of age, that I have known this person for 35 years, and that ELLA BUDGE, who attended this birth, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 14 day of May, 1942.
(SEAL) J. W. Hayward Notary Public, residing at Logan Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by Mary E. Elder Registrar.

JUN 9 1971

MAY 18 1942

MAY 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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344779

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County LATAH (b) City MOSCOW
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 22 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County LATAH
(c) City MOSCOW
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) MOSCOW, IDAHO

5. Date of Birth of Child
(Month, day, year) Sept. 23, 1910

4. FULL NAME OF CHILD

KENNETH WALTER KEITH

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy NINE

9. Legitimate? YES

6. Sex MALE

FATHER OF CHILD

10. FULL NAME HUGH MAY KEITH
11. Color WHITE 12. Age at time of THIS birth 43 yrs.
13. Birthplace MAYSVILLE, ARKANSAS
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. FULL MAIDEN NAME PAULINE CLEMENTINE SODDRETH
17. Color WHITE 18. Age at time of THIS birth 33 yrs.
19. Birthplace DAYTON, WASHINGTON
(City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business HOUSE KEEPING

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho ss.
County of LATAH

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 31 years, and that

DR. J. H. CARNE who attended this birth IS NOW DECEASED I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Pauline Keith Signature

Moscow Idaho P. O. Address

Subscribed and sworn to before me this 13 day of May, 19 42

(SEAL)

Martin H. Hickey Notary Public, residing at Moscow Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 15 1942 by Mary E. Egan Registrar.

MAY 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-222001-454

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344792

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 344792
Local Reg. No.
Reg. Dist. No.

MAY 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. South Boise
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. South Boise

(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Doris Estella Laster

5. Date of Birth of Child
(Month, day, year) Mar 22 1910

6. Sex Female **7. Twin or**
Triple **8. No. months**
of Pregnancy Full term

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert L Laster
11. Color White **12. Age at time**
or Race White **of THIS birth** 33 yrs.
13. Birthplace Alabama
(City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Mill worker

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Lonia Wedberg
17. Color White **18. Age at time**
or Race White **of THIS birth** 37 yrs.
19. Birthplace Sweden
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Run home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag. no. 3 % Sol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Blue at 3:45 A M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Ellen Laster, who is
related to this child as Mother (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature John Brock **M.D.** Boise Ida **Address** Boise Ida **Date** 5-16-42
Midwife

State of Idaho **County of** Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that
(First name) (Last name) who attended this birth. I further state that
(Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____
(SEAL) _____ Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by Marj E. Eder, Registrar.

MAY 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

395-124009-255

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344802

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 344802
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAY 20 1942

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Booner</u> (b) City <u>Blanchard</u> (c) Street Address or R.F.D. No. <u>2</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: IN THIS county <u>1</u> years <u>4</u> months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Booner</u> (c) City <u>Blanchard</u> (d) Street Address or R.F.D. No. <u>2</u> (e) How long has MOTHER lived in Idaho? <u>14 1/2</u> yrs.	
4. FULL NAME OF CHILD <u>George Gerald Lindsey</u>		5. Date of Birth of Child (Month, day, year) <u>April 24-1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet _____	8. No. months of Pregnancy _____	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Elden Daniel Lindsey</u>		16. FULL MAIDEN NAME <u>Mary Ann Bennett</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>34</u> yrs.		18. Age at time of THIS birth <u>35</u> yrs.	
13. Birthplace <u>Blanchard, Idaho</u> (City or town) (State or foreign country)		19. Birthplace <u>Blanchard, Idaho</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farming</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business _____		21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN Signature _____	M.D. Midwife _____	Address _____	Date _____
State of <u>South Dakota</u> } ss. County of <u>Dawson</u> }		AFFIDAVIT to be completed when the attendant does not sign in Item 25.	

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4 above, that I am now 58 years of age, that I have known this person for 32 years, and that Lillian Carnegie, who attended this birth, is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature E. Elden Daniel Lindsey
P. O. Address 917 E. 7th Ave., Mitchell, S. D.
Subscribed and sworn to before this 18th day of May, 1942:
(SEAL) Harry Spears Notary Public, residing at Mitchell, S.D.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1942 by Mary E. Elder, Registrar.

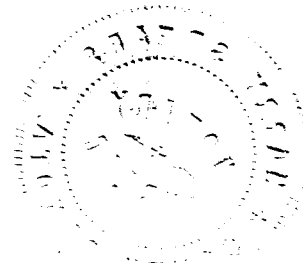
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MAY 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received and filed by the local registrar for record in~~ the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

795-228.003-165

344824

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bannock (b) City Blackfoot
(c) Street Address or R.F.D. No. Main St
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 18 years months - days -

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Bannock
(c) City Blackfoot
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Ethel Green

5. Date of Birth of Child

(Month, day, year) Mar 28-1910

6. Sex

Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9mo

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Robert D. Green

11. Color or Race

white

12. Age at time of THIS birth

33 yrs.

13. Birthplace

West

(City or town) (State or foreign country)

14. Exact Occupation

Carpenter Work

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary Jones

17. Color or Race

White

18. Age at time of THIS birth

21 yrs.

19. Birthplace

Idaho

(City or town) (State or foreign country)

20. Exact Occupation

housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Montana

County of Silver Bow } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Grandmother of the person whose name appears in Item 4 above, that I am now 75 years of age, that I have known this person for 31 years, and that

(First name) Lisa Kelley (Last name) who attended this birth deceased I further state that
(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

Mrs. Sarah R. Thompson Signature

P. O. Address

Subscribed and sworn to before me this 14th day of

May

1912

(SEAL)

John B. Butcher

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho. See Sec. 17-312, Idaho Code Annotated.)

Received for filing on MAY 13 1942 by Mrs. S. B. Butler

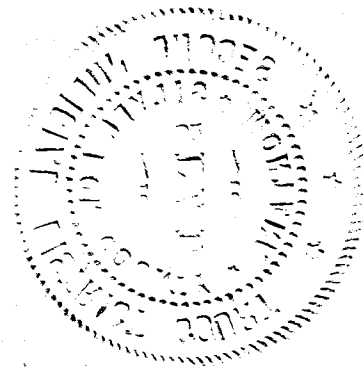
Registrar.

MAY 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 33, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

U 82-115-029-863

344830

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City MOSCOW
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
IN THIS county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?.....yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Harold Kermit Myklebust
5. Date of Birth of Child May 15, 1910
(Month, day, year)
6. Sex M 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Knute T Myklebust
11. Color or Race W 12. Age at time of THIS birth 27 yrs.
13. Birthplace Bergen Norway
(City or town) (State or foreign country)
14. Exact Occupation merchant
15. Industry or Business Department store
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Karen Holten
17. Color or Race W 18. Age at time of THIS birth 27 yrs.
19. Birthplace Trondheim Norway
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child.....3 (b) Born alive and now living.....6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Karen Myklebust, who is related to this child as mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature J. Curran M.D. Curran Address Bellingham Date 5-11-42
- State of..... } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of..... }

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....
(SEAL).....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 15 1942 by Mabel E. [Signature] Registrar.

MAY 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

344850
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County. Boundary (b) City Bonners Ferry
(c) Street Address or R.F.D. No.....
(d) ~~Name of Hospital or Maternity Home:~~

(e) Mother's stay **BEFORE** delivery:

IN THIS county 6 years months days

4. FULL NAME OF CHILD

Mary Alma Elizabeth Carlock

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

6. Sex

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State. Idaho (b) County. Boundary
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (At time of birth)

5. Date of Birth of Child

(Month, day, year) Sept 29-1910

8. No. months

of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Winfield Carlock

11. Color white 12. Age at time of THIS birth 30 yrs.

13. Birthplace Fort Rock, Nebraska
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Golda Fay Preston

17. Color white 18. Age at time of THIS birth 20 yrs.

19. Birthplace Beaver City, Nebraska
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Washington ss.
County of Spoکان

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for.....years, and that

Dr. E. E. Fry, who attended this birth.....deceased I further state that

(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Winfield Carlock Signature
2313 1/2 Avenue Spokane Wash P. O. Address

Subscribed and sworn to before me this.....day of.....1942

(SEAL)

M. J. Barrett

Notary Public, residing at Spokane Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 15 1942 by M. J. Barrett Registrar.

MAY 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

367-124-027-368

344889

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Kootenai</u> (b) City <u>Coeur d' Alene</u> (c) Street Address or R.F.D. No. <u>909 Garden</u> (d) Name of Hospital or Maternity Home: <u>Born at family home</u> (e) Mother's stay BEFORE delivery: <u>7</u> years <u>7</u> months <u>7</u> days IN THIS county		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Kootenai</u> (c) City <u>Coeur d' Alene</u> (d) Street Address or R.F.D. No. <u>909 Garden</u> (e) How long has MOTHER lived in Idaho? <u>7</u> yrs.	
4. FULL NAME OF CHILD <u>Thomas Edward Cope</u>		5. Date of Birth of Child (Month, day, year) <u>Aug. 24, 1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>No</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Thomas Stephen Cope</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>34</u> yrs. 13. Birthplace <u>Wayne, Michigan</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Owner</u> 15. Industry or Business <u>Plumbing company</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Emma Taylor</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>34</u> yrs. 19. Birthplace <u>Northfield, Mich.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Not known</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Idaho } ss.
County of Kootenai

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 31 years, and that Dr. H.V. Seallon who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 13th day of May, 1942
(SEAL) Nelga M. Johnson Notary Public, residing at Coeur d' Alene
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 15 1942 by Mary E. Ekins Registrar.

MAY 23 1975

MAY 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



281-103-029-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **344892**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **LATAH** (b) City **JOEL**
(c) Street Address or R.F.D. No. **R.F.D. No. 2**
(d) Name of Hospital or Maternity Home:
NONE
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **IDAHO** (b) County **LATAH**
(c) City **JOEL**
(d) Street Address or R.F.D. No. **R.F.D. No. 2**
(e) How long has MOTHER lived in Idaho? **23** yrs.

3. RESIDENCE OF FATHER (city, state) **JOEL IDAHO**

4. FULL NAME OF CHILD

DALE LEROY SHAW

5. Date of Birth of Child
(Month, day, year) **7-3-1910**

6. Sex **MALE**

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **YES**

FATHER OF CHILD

10. FULL NAME **ROY SANFORD SHAW**
11. Color or Race **WHITE** 12. Age at time of THIS birth **19** yrs.
13. Birthplace **ATLANTIC IOWA**
(City or town) (State or foreign country)
14. Exact Occupation **GRAIN WAREHOUSE LABOR**
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME **GRACE MAY WATSON**
17. Color or Race **WHITE** 18. Age at time of THIS birth **19** yrs.
19. Birthplace **MITCHELL SOUTH DAKOTA**
(City or town) (State or foreign country)
20. Exact Occupation **HOUSE WIFE**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **Argoral**

23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **1**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of **Idaho** County of **Latah** ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4, above, that I am now **51** years of age, that I have known this person for **31** years, and that **Dr. Charles Decker** who attended this birth **Deceased** I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Grace Shaw Signature
Spokane P.O. P. O. Address

Subscribed and sworn to before me this **13th** day of **May**, 19**12**
(SEAL) **Wm. H. Wolf** Notary Public, residing at **Spokane**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

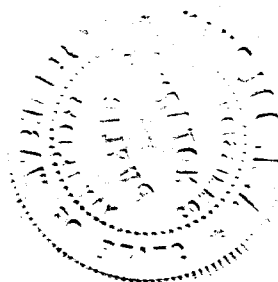
Received for filing on **MAY 15 1942** by **Mabel B. Fisher**, Registrar.

MAY 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



485-121-34-613

344904

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Minidoka (b) City Regevia
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Minidoka
(c) City Regevia
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Regevia, Ida

4. FULL NAME OF CHILD

Murline Skatson Myers

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

5. Date of Birth of Child

(Month, day, year) Aug. 21, 1910

FATHER OF CHILD

10. FULL NAME

Marcus Pinkney Myers

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace

Randolph Co. North Carolina

(City or town)

(State or foreign country)

14. Exact Occupation

Power House Operator

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Emily Ethel Skatson

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace

Ogden Utah

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife

Address

Date

State of Idaho County of Cam } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 21 years, and that

Dr. J. C. Scott, who attended this birth deceased I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary B. Myers
Glenns Ferry, Idaho

Signature

P. O. Address

Subscribed and sworn to before me this 14th day of May, 1942

(SEAL)

Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 15 1942 by [Signature], Registrar.

MAR 5 1951

MAY 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

291-104-294-155

(DELAYED BIRTH CERTIFICATE)

MAY 4 1942

344915

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. 74
Reg. Dist. No. 3-330

1. PLACE OF BIRTH:

(a) County CANYON (b) City PAYETTE
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital of Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home NONE Days
In **THIS** county 23 years -- months -- days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State IDAHO (b) County CANYON
(c) City PAYETTE
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address (For registration notice):
MRS. R. D. BRADSHAW-WENDELL, IDAHO
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) WENDELL, IDAHO

4. FULL NAME OF CHILD DOUGLAS BIXBY BRADSHAW

5. DATE OF BIRTH
(Month, day, year) JAN. 6, 1910.

6. Sex MALE 7. Twin or Triplet _____ If so—born _____
8. No. months of Pregnancy 9 9. Legitimate? YES.

FATHER OF CHILD

10. FULL NAME REGINALD D. BRADSHAW

11. Color or Race WHITE 12. Age at time of THIS birth 27 yrs.

13. Birthplace BELFAST, IRELAND.
(City or Town) (State or foreign country)

14. Exact Occupation BEE KEEPER

15. Industry Business APAIRIST

MOTHER OF CHILD

16. FULL MAIDEN NAME GRACE ELIZABETH PENCE

17. Color or Race WHITE 18. Age at time of THIS birth 24 yrs.

19. Birthplace PAYETTE, IDAHO
(City or Town) (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business HOMEMAKING

22. Name prophylactic used to prevent Ophthalmia Neonatorum NEO-SILVOL 10%.

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2.
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 5.00 P. M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by GRACE ELIZABETH BRADSHAW, who is
(First name) (Last name)

related to this child as MOTHER
(Mother, etc.)

26. (a) Apr 30 1942 (b) J. O. Woodward
(Date received) (Registrar's signature)

26. Attendant's J. O. Woodward M.D.
(OWN signature) (D.O., Midwife, etc.)

27. Given name added on _____ by _____ and address PAYETTE, IDAHO Date 4/30/42
(Registrar's signature)

LOCAL REGISTRATION OF BIRTHS

FEB 7 1958
JAN 15 1962

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

AUG 30 1976

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of **NONE.**

.....
.....

(b) Labor: Complications: **NONE**

.....
..... Induced? **NO.**

.....

(c) State all operations for delivery **NONE**

.....
.....

(d) Did baby have any:

(1) Congenital Malformation? **NO.**

Describe:
.....

(2) Birth Injury? **NO.**

Describe:
.....

(3) Was mother given a Wasserman before delivery?

Yes..... No. **NO** Pos. Neg.

(e) Signature of Physician:

J.C. Woodward M.D.

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelopes bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

753-105-028-253

344993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Coeur D Alene
(c) Street Address or R.F.D. No. 1208 Ash Ave.
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Coeur D Alene
(d) Street Address or R.F.D. No. 1208 Ash Av
(e) How long has MOTHER lived in Idaho? 3 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur D Alene

4. FULL NAME OF CHILD JOHN HARTVIG PETERSON

5. Date of Birth of Child Idaho
(Month, day, year) Nov. 5 th. 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate Yes

FATHER OF CHILD

10. FULL NAME Gunnar Hartvig Peterson
11. Color White 12. Age at time of THIS birth 25 1/2 yrs.
13. Birthplace SWEDEN
(City or town) (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business Lumber

MOTHER OF CHILD

16. FULL MAIDEN NAME Agnes Caroline Beckstrom
17. Color White 18. Age at time of THIS birth 22 yrs.
19. Birthplace SWEDEN
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington } ss.
County of Stevens

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that Mrs. Bro, who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gunnar Hartvig Peterson Signature
Boys, Wash. P. O. Address

Subscribed and sworn to before me this 9th day of MAY, 19 42
(SEAL) [Signature] Notary Public, residing at Colville, Wn
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by [Signature] Registrar.

MAY 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

344996
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County And Oriele (b) City Newport
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 5 years months days

4. FULL NAME OF CHILD

Eleanor Ruth Anderson

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

10. FULL NAME

Charles Barton Anderson

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Newport

(City or town) (State or foreign country)

14. Exact Occupation Mich. Land

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County And Oriele
(c) City Newport
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child July 19, 1910
(Month, day, year)

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

16. FULL MAIDEN NAME

Natie Polata Platt

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Camden

(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Washington } ss.
County of San Juan

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 36 years of age, that I have known this person for 32 years, and that

Dr. Phillips (First name) (Last name), who attended this birth X (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 16th day of May, 1942

(SEAL)

Theo. A. Loran

Notary Public, residing at Sacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

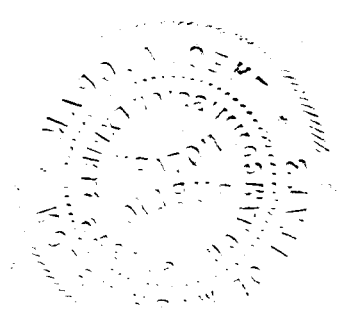
Received for filing on MAY 18 1942 by Mary J. Stedman, Registrar.

MAY 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 181, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



856-229-001-962

345007

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 224 Thatcher St.
(d) Name of Hospital or Maternity Home:
At home
(e) Mother's stay BEFORE delivery:
IN THIS county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Bruneau
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 25 yrs.
3. RESIDENCE OF FATHER (city, state) Bruneau, Idaho.

4. FULL NAME OF CHILD CLARA BERNICE HEWITT

5. Date of Birth of Child
(Month, day, year) Dec. 29, 1910

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Andrew Hewitt
11. Color white **12. Age at time of THIS birth** 28 yrs.
13. Birthplace Ogden, Utah.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Elizabeth Robertson
17. Color White **18. Age at time of THIS birth** 25 yrs.
19. Birthplace Lowell, Arkansas.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum. None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Martha Hewitt, who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature G. E. Shawhan **M.D.** Midwife **Address** Bruneau, Idaho **Date** May 11, 1942

State of Idaho } ss.
County of Owyhee

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 36 years of age, that I have known this person for 31 years, and that Dr. G. E. Shawhan who attended this birth living in Bruneau, Idaho further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 4 day of May, 1942
(SEAL) G. E. Shawhan Notary Public, residing at Bruneau, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Martha E. Hewitt Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelopes bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-117044-967

345013

United States (Be sure the information is as of date of birth of THIS child) State File No. **345013**
 Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
 Bureau of Census **STATE OF IDAHO** Reg. Dist. No.

1. PLACE OF BIRTH
 (a) County Washington (b) City Cambridge
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home: None
 (e) Mother's stay **BEFORE** delivery:
 In Hosp. or Mat. Home. days.
 IN THIS county 5 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State Idaho (b) County Washington
 (c) City Cambridge
 (d) Street Address or R.F.D. No.
 (e) How long has MOTHER lived in Idaho? 5 yrs.
 (f) Mother's mailing address Cambridge, Idaho

3. RESIDENCE of FATHER (city, state) Cambridge, Idaho

4. FULL NAME OF CHILD RICHARD WILLIAM KINNEY
5. Date of Birth (Month, day year) May 17, 1910
6. Sex M **7. Twin or Triplet** Triplet **8. No. months of Pregnancy** 9 **9. Legitimate?** Yes
10. FULL NAME Harold Eugene Kinney
11. Color or Race W. **12. Age at time of THIS birth** 27 yrs.
13. Birthplace Smithland, Iowa
 (City or town) (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business

16. FULL MAIDEN NAME Leila Estelle Roper
17. Color or Race W **18. Age at time of THIS birth** 24 yrs.
19. Birthplace Pendleton, Oregon
 (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is related to this child as
 (First name) (Last name)

26. (a) MAY 12 1942 (Date received) **(b) [Signature]** (Mother, etc.)
25. Attendant's OWN signature [Signature] **M.D.** (D.O., Midwife, etc.)
27. Given name added on **by** **and address** **Date**

State of Idaho } ss.
 County of Washington }

I, Leila R. Kinney being first duly sworn, say that I am related to
Richard William Kinney as **Mother** whose birth certificate
 (Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that **Dr. Chas. Schmitz**, who attended said birth **is now deceased** and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Leila R. Kinney Signature
Cambridge, Idaho P. O. Address

Subscribed and sworn to before me on this 11th day of December, 1941
 (SEAL) Margaret Vogel Notary Public, residing at Cambridge, Ida.

JUN 27 1942

AUG 1 1972

FEB 3 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

845-209.8 44-249

345048

345048

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county years 9 months 20 days

4. FULL NAME OF CHILD Shelma Elizabeth Hunt

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD
10. FULL NAME Raymond Lewis Hunt

11. Color white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Bellevue, Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Barber & Farmer
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 68 yrs.

3. RESIDENCE OF FATHER (city, state) same

5. Date of Birth of Child
(Month, day, year) 7-9-1910

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD
16. FULL MAIDEN NAME Katharine Lucie Burke

17. Color white 18. Age at time of THIS birth 26 yrs.
19. Birthplace Greensboro, North Carolina
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of Idaho County of Con } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that

Dr. C.E. Schmitz (First name) (Last name), who attended this birth.....Deceased.....I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katharine J. Hunt Signature
Rt. 1, Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of May, 19 42

(SEAL) Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by Mary E. Elder, Registrar.

MAY 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

759-122014-714

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

345983
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Canyon</u> (b) City <u>Payette</u> (c) Street Address or R.F.D. No. <u>Star Route</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: IN THIS county <u>0</u> years <u> </u> months <u> </u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Payette</u> (d) Street Address or R.F.D. No. <u>Star Route</u> (e) How long has MOTHER lived in Idaho? <u>6</u> yrs.	
4. FULL NAME OF CHILD <u>Max George Gerlach</u>		5. Date of Birth of Child (Month, day, year) <u>Feb. 22, 1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Max George Gerlach</u>		16. FULL MAIDEN NAME <u>Bertha Pauline Paulsen</u>	
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>40</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>30</u> yrs.
13. Birthplace <u>Granbow</u> (City or town) (State or foreign country)	<u>Germany</u>	19. Birthplace <u>Schleswig</u> (City or town) (State or foreign country)	<u>Germany</u>
14. Exact Occupation <u>farmer</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business <u>farming</u>		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____
Midwife _____

State of Idaho ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Payette

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for all his life years, and that Dr. O. H. Avey who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937-Session Laws.

Bertha Pauline Gerlach Signature
Payette, Idaho Star Route P. O. Address

Subscribed and sworn to before me this 18th day of May, 19 42.
(SEAL) W. R. M. Allen Notary Public, residing at Payette, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

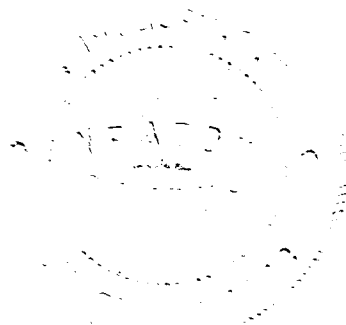
Received for filing on MAY 19 1942 by Mary H. Allen Registrar.

MAY 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

316-109-D 35-246

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **345994**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Nez Perce (b) City Heaterville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay BEFORE delivery:
IN THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Nez Perce
(c) City Heaterville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 yrs.

4. FULL NAME OF CHILD

Howard Hester Lawrence

5. Date of Birth of Child Feb 9 - 1910
(Month, day, year)

6. Sex boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

10. FULL NAME

William Mc Coy Lawrence

16. FULL MAIDEN NAME

MOTHER OF CHILD

Blanch Gertrude Smoley

11. Color white

12. Age at time of THIS birth 36 yrs.

17. Color white

18. Age at time of THIS birth 26 yrs.

13. Birthplace Jefferson North Carolina
(City or town) (State or foreign country)

19. Birthplace Bellwood Nebraska
(City or town) (State or foreign country)

14. Exact Occupation farmer
15. Industry or Business

20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Baric Acid

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho ss.
County of Nez Perce

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 57 years of age, that I have known this person for years, and that
J. R. Blake who attended this birth Deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Mrs. Blanch G. Lawrence Signature

R. R. #2 Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of May, 1942.

(SEAL)

Marjory E. Taylor

Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by Marjory E. Taylor Registrar.

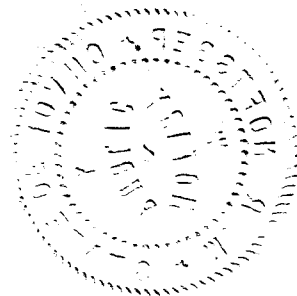
MAR 14 1968

MAY 22 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

698-108-111-913

346004

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County... Boundary (b) City... Bonnara Ferry
(c) Street Address or R.F.D. No. "North Side"
(d) Name of Hospital or Maternity Home:
Born at home.
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years 6 months --- days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State... Idaho (b) County... Boundary
(c) City... Bonnara Ferry
(d) Street Address or R.F.D. No. "North Side"
(e) How long has MOTHER lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Bonnara Ferry, Ida.

5. Date of Birth of Child
(Month, day, year) March 8, 1910.

4. FULL NAME
OF CHILD... Roy Paul Fry.

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Adelbert Clair Fry.
11. Color White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Umitilla, Oregon.
(City or town) (State or foreign country)
14. Exact Occupation River Boat Captain.
15. Industry or Business River Freighting.

MOTHER OF CHILD

16. FULL MAIDEN NAME Rebecca Elizabeth Ratoliff.
17. Color White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Seneca, Missouri.
(City or town) (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business None.

22. Name prophylactic used to prevent Ophthalmia Neonatorum... Not Known.

23. Number of children of this mother: (a) At time of birth and including this child... 5... (b) Born alive and now living... 5...

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was... at... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by..., who is
related to this child as... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of... Oregon County of... Good River } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the... Mother... of the person whose name appears in Item 4, above, that I am now... 62... years of age, that I have known this person for... 32... years, and that Dr. Raty... who attended this birth... is now deceased... I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rebecca C. Fry Signature
R.F.D. Box 248-A, Good River, Oregon. P. O. Address

Subscribed and sworn to before me this... day of... MAY 19 1942, 19...
(SEAL) Harold D. Shuler Notary Public, residing at... Good River

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on... MAY 19 1942... by... Registrar.

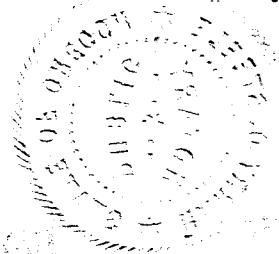
MAY 22 1942

SEP 4 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



816-112-229-816

346020

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Princeton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 27 years 8 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Princeton
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 51 yrs.

4. FULL NAME OF CHILD Chancy Basil Hawkins

5. Date of Birth of Child
(Month, day, year) 5-12-1910

6. Sex Male **7. Twin or Triplet** If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Charles Rufus Hawkins
11. Color or Race White **12. Age at time of THIS birth** 32 yrs.
13. Birthplace Kansas
(City or town) (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business Woodwork

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Anna Hawkins
17. Color or Race White **18. Age at time of THIS birth** 27 yrs.
19. Birthplace Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Clara Hawkins, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Midwife** **Address** **Date**

State of } ss.
County of

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that Dr. Harvsten who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Clara A. Hawkins Signature
Profrins, Idaho P. O. Address

Subscribed and sworn to before me this 12 day of May, 1912.
(SEAL) Carroll B. Black Notary Public, residing at Profrins

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

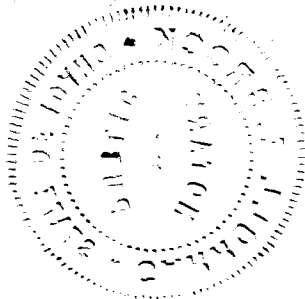
Received for filing on MAY 19 1912 by Mabel Z. Leifer, Registrar.

MAY 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



213-1271007-495

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **346033**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Blaine (b) City Soldier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Blaine
(c) City Soldier
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Cecil Edward Ballard

5. Date of Birth of Child

(Month, day, year) March 27 1910

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Elmer Edward Ballard
11. Color White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Carrie Ida Mink
17. Color white 18. Age at time of THIS birth 26 yrs.
19. Birthplace Volney Virginia (City or town) (State or foreign country)
20. Exact Occupation Farmers wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature

M.D. Midwife

Address

Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for years, and that Dr. Johnson who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carrie Ida Patterson Signature

P.O. Box 68 Fairfield, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of May, 1942
(SEAL) John L. Edwards, Clerk of District Court Notary Public, residing at Fairfield, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-92, Idaho Code (Annotated).)

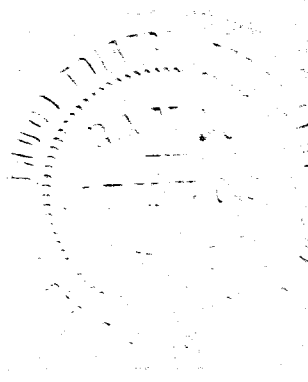
Received for filing on MAY 19 1942 by Mary E. G. G. G. Registrar.

771 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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495-108-004-466

346039

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bear Lake (b) City Nounan,
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
At home.
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bear Lake
(c) City Nounan
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Nounan, Idaho.

5. Date of Birth of Child
(Month, day, year) 1/18/1910.

4. FULL NAME OF CHILD

Truman Winnig,

6. Sex male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Minnig
11. Color White 12. Age at time
or Race of THIS birth 51 yrs.
13. Birthplace Bern, Switzerland.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Moorey
17. Color White 18. Age at time
or Race of THIS birth 41 yrs.
19. Birthplace Bern, Switzerland.
(City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Used medicine but dont know kind.

23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife

2911 Pennings (First name) 24 (Last name)
Address San Diego Calif Date 5-12-42

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears
in Item 4, above, that I am now 82 years of age, that I have known this person for all his life years, and that

Dr. D. Orr Poynter (First name) Dr. Orr Poynter (Last name), who attended this birth residence unknown I further state that
(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

John Minnig Signature
Nounan, Idaho. P. O. Address

Subscribed and sworn to before me this 25th day of April, 1942

(SEAL)

Class E. H. H. Notary Public, residing at Montpelier, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Marj H. H. Registrar.

MAY 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelopes bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

259-110-028-294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

346047
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Coeur D'Alene
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Private Home
(e) Mother's stay BEFORE delivery:
IN THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Coeur D'Alene
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur D'Alene

4. FULL NAME OF CHILD

Lewis Anthony Berg

5. Date of Birth of Child,
(Month, day, year) Apr. 10 -Idaho
1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Berg
11. Color White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Germany
(City or town) (State or foreign country)
14. Exact Occupation Lumber grader
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Brueher
17. Color White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Chippewa Falls, Wisconsin
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... 4. (b) Born alive and now living..... 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature M.D. Address Date

State of California } ss.
County of Siskiyou }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... Father..... of the person whose name appears
in Item 4, above, that I am now 71 years of age, that I have known this person for..... all..... years, and that
....., who attended this birth..... (Is now deceased) or (Cannot be located) I further state that
(First name) (Last name)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 16th day of May, 1942.

(SEAL)

James Berg Signature
McCloud California P. O. Address

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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259-131040-246

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **346052**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Shoshone (b) City Hayden
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME OF CHILD

Warren Ardmore Jackson Snider

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

10. FULL NAME

Loyia Leray Snider

11. Color or Race

white

12. Age at time of THIS birth

28 yrs.

13. Birthplace

Milton

(City or town)

Oregon
(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Shoshone

(c) City Hayden

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child

(Month, day, year) July 31 1910

8. No. months of Pregnancy

9

9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

16. FULL MAIDEN NAME

Georgia Myrtle Brown

17. Color or Race

white

18. Age at time of THIS birth

25 yrs.

19. Birthplace

Idaho

(City or town)

Hamlet
(State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum:

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Washington } ss.
County of Columbia

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that

Elmer Brown (First name) (Last name) who attended this birth is now deceased I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Georgia Myrtle Snider

Signature

P. O. Address

Subscribed and sworn to before me this 16 day of May, 1942

(SEAL)

Blanche Myrtle

Notary Public, residing at Dayton Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942

by

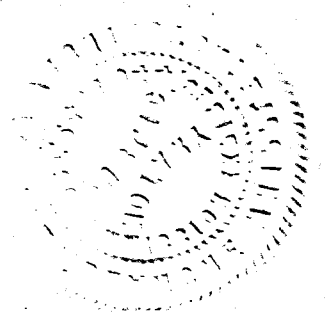
Marj G. Leifer

Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

789-211-216-432

346054

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Burley</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Burley</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>17</u> yrs.	
4. FULL NAME OF CHILD <u>Edith Mazell Phillips</u>		3. RESIDENCE OF FATHER (city, state) <u>Burley, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Sept. 11, 1910</u>	
6. Sex <u>female</u> 7. Twin or Triplet <u>Triplet</u> If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>John Charles Phillips</u> 11. Color <u>white</u> 12. Age at time of THIS birth <u>18</u> yrs. 13. Birthplace <u>Grover, Wyoming</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Laborer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Frances Sara Mc Bride</u> 17. Color <u>white</u> 18. Age at time of THIS birth <u>17</u> yrs. 19. Birthplace <u>Oakley, Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by, who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California County of Los Angeles } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 31 years, and that Hilda Shallman who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
The facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

RR Mrs Frances Sara Phillips McMurrah Signature
317 East 85th St Los Angeles P. O. Address
Subscribed and sworn to before me this 15th day of May, 19 42
(SEAL) Paul Paul Johnson Notary Public, residing at Los Angeles, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My Commission Expires May 24, 1946)

Received for filing on MAY 19 1942 by Mabel Beutner Registrar.

SEP 12 1946

APR 14 1982

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, ~~Idaho Code Annotated~~, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

963-129-006-453

346108

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH. (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>Blackfoot</u> (c) Street Address or R.F.D. No. <u>Rd. 5 - 5 miles out</u> (d) Name of Hospital or Maternity Home: <u>Born at home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>1</u> years <u>2</u> months - days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Blackfoot</u> (d) Street Address or R.F.D. No. <u>5 miles on Rd</u> (e) How long has MOTHER lived in Idaho? <u>2</u> yrs	
4. FULL NAME OF CHILD. <u>Emil Jonathon Roloff</u>		5. Date of Birth of Child (Month, day, year) <u>Jan 29-1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME. <u>David Roloff</u>		16. FULL MAIDEN NAME <u>Wilhelmina Metz</u>	
11. Color or Race. <u>white</u>	12. Age at time of THIS birth. <u>38</u> yrs.	17. Color or Race. <u>white</u>	18. Age at time of THIS birth. <u>37</u> yrs.
13. Birthplace. <u>Kula</u> (City or town) <u>Russia</u> (State or foreign country)		19. Birthplace. <u>Leningrad</u> (City or town) <u>Russia</u> (State or foreign country)	
14. Exact Occupation. <u>Farming</u>		20. Exact Occupation. <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum......
23. Number of children of this mother: (a) At time of birth and including this child 8..... (b) Born alive and now living 8.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature.....**M.D.**.....**Midwife**.....**Address**.....**Date**.....

State of California.....**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of San Joaquin.....**ss.**

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for thirty-two years, and that Belway Midwife who attended this birth now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Doris Roloff Signature
216 Hilborn St. Lodi, Calif. P. O. Address

Subscribed and sworn to before me this 23 day of February, 1942
(SEAL) John W. Meyer Notary Public, residing at Lodi, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1942 by.....Registrar.

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

247-126-009-552

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **346188**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Private Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
3. **RESIDENCE OF FATHER** (city, state) Sandpoint Idaho

4. **FULL NAME OF CHILD** John Frank Kugi

5. Date of Birth of Child
(Month, day, year) May 26, 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Michael Kugi
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Villach Austria
(City or town) (State or foreign country)
14. Exact Occupation Sander
15. Industry or Business Kearney & Trecker Corp.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Nessman
17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Villach Austria
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
State of Wisconsin County of Milwaukee } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that Dr. McKinnon, who attended this birth is now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 13th day of May 1942 Signature Mary Kugi
(SEAL) Raymond Notary Public, residing at Milwaukee
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

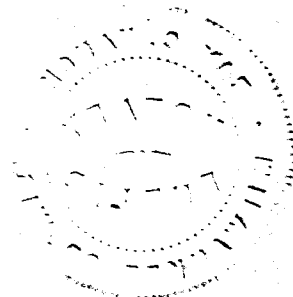
Received for filing on MAY 20 1942 by Registrar.

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

86/-112-14-815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **346205**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Canyon</u> (b) City <u>Caldwell</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Power</u> (c) City <u>American Falls</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>18</u> yrs.	
4. FULL NAME OF CHILD <u>Abraham Nathan Hoagland</u>		3. RESIDENCE OF FATHER (city, state) <u>American Falls Idaho</u>	
6. Sex <u>male</u>		5. Date of Birth of Child (Month, day, year) <u>Nov. 12, 1910</u>	
7. Twin or Triplet <u>No</u>		8. No. months of Pregnancy <u>9</u>	
9. Legitimate? <u>Yes</u>			
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Abraham I. Hoagland</u>		16. FULL MAIDEN NAME <u>Mary Elsie Hansen</u>	
11. Color <u>white</u> 12. Age at time of THIS birth <u>25</u> yrs.		17. Color <u>white</u> 18. Age at time of THIS birth <u>18</u> yrs.	
13. Birthplace <u>Almo, Cassia County, Idaho</u> (City or town) (State or foreign country)		19. Birthplace <u>Salt Lake City, Utah</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>			
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Power } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 31 years, and that Sarah E. Hoagland, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session laws.

Subscribed and sworn to before me this 28th day of April, 1942
(SEAL) Mary Elsie McCarty Notary Public, residing at Idaho Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by Mabel J. Hefner Registrar.

MAY 20 1971

JAN 12 1976

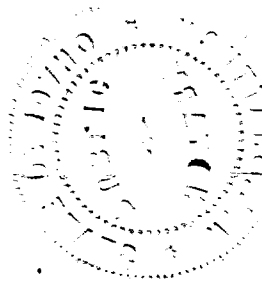
MAY 25 1942

MAY 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



819 2191 D 42-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **346207**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH.** (All items at time of this birth)
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No. RP 4 D 3
(d) Name of Hospital or Maternity Home: ..
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No. RP 4 D 1
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Helia Mary Harshbarger
6. Sex .. 7. Twin or Triplet .. If so—born 1st, 2nd, 3rd ..

5. Date of Birth of Child (Month, day, year) Dec. 19-40
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Harry Harshbarger
11. Color W. or Race W. 12. Age at time of THIS birth 41 yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation Harvester
15. Industry or Business ..

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Leah Black
17. Color W. or Race W. 18. Age at time of THIS birth 32 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ..

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% argyrol
23. **Number of children of this mother:** (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at Twin Falls M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mary Harshbarger who is related to this child as mother (First name) (Last name)

25. Attendant's **OWN** signature J. J. Murphy M.D. Midwife Address Twin Falls Date 2-7-42
State of Idaho County of Idaho

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Attendant of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 10 years, and that Mary Harshbarger, who attended this birth, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature ..
P. O. Address ..

Subscribed and sworn to before me this 19 day of February, 19 42
(SEAL) Notary Public, residing at ..

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code (Annotated).)

Received for filing on MAY 19 1942 by Mary Harshbarger Registrar.

MAY 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

23 235-230-022-665
United States (Be sure the information is as of date of birth of THIS child) State File No. 346323
Department of Commerce CERTIFICATE OF BIRTH
Bureau of the Census STATE OF IDAHO Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Freemont (b) City Rexburg
(c) Street Address or R.F.D. No. Route 1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: 20 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City Rexburg
(d) Street Address or R.F.D. No. Route 1
(e) How long has MOTHER lived in Idaho? 20 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg, Ida
5. Date of Birth of Child Jan 30, 1910
(Month, day, year)

4. FULL NAME OF CHILD Minnie Anne Klenk
6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD
10. FULL NAME Gotlieb William Klenk 16. FULL MAIDEN NAME Lena Foell
11. Color white 12. Age at time of THIS birth 25 1/2 yrs. 17. Color white 18. Age at time of THIS birth 23 1/2 yrs.
13. Birthplace Wurtenburg, Germany 19. Birthplace Hull, Germany
(City or town) (State or foreign country) (City or town) (State or foreign country)
14. Exact Occupation farmer 20. Exact Occupation Housewife
15. Industry or Business 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of California ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of Orange

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that man m Deek who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gotlieb William Klenk Signature
P. O. Address

Subscribed and sworn to before me this 12th day of May, 1942
(SEAL) E. W. J. Greer Notary Public, residing at Santa Ana, Calif
(Note: Perjury is punishable as a felony in NEW COMMISSION EXPIRES JAN. 30, 1944 (annotated).)

Received for filing on MAY 22 1942 by Manuel F. Eder Registrar

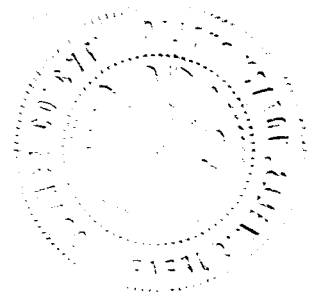
MAY 27 1942

JUL 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346325
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 414 So. 4th St.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 414 So. 4th St.
(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child

(Month, day, year) Mar. 20, 1910

4. FULL NAME
OF CHILD

Arthur Francis Johnston

7. Twin or

If so—born

8. No. months

9. Legitimate? yes

6. Sex Female Triplet

1st, 2nd, 3rd

of Pregnancy

FATHER OF CHILD

10. FULL
NAME

Andrew Alexander Johnston

11. Color
or Race White

12. Age at time
of THIS birth 37 yrs.

13. Birthplace Ogden
(City or town)

Utah
(State or foreign country)

14. Exact
Occupation Stockman

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN
NAME

Escher Alice Riley

17. Color
or Race White

18. Age at time
of THIS birth 34 yrs.

19. Birthplace Pelton
(City or town)

Utah
(State or foreign country)

20. Exact
Occupation Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at Boise M. on the date May 23, 1944
(Born alive, ~~stillborn~~)

and at the place stated above and that personal particulars were furnished by Escher Alice Riley, who is
related to this child as Mother (First name) (Last name)

25. Attendant's
OWN signature J. M. Stewart

M.D.

Address Boise Idaho

Date May 23, 1944

State of Idaho ss.
County of Ada

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Attendant of the person whose name appears
in Item 4, above, that I am now 37 years of age, that I have known this person for 14 years, and that

Arthur Francis Johnston, who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 25 day of May, 1944

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 25 - 1944 by Maude E. Eder, Registrar.

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4731-210-001-255-1942
MAY 26 1942

346341
346341

United States
Department of Commerce
Bureau of the Census

sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>St. Alphonso's Hospital</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years <u>0</u> months <u>0</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>26</u> yrs.	
4. FULL NAME OF CHILD <u>Nona Marie McAuley</u>		3. RESIDENCE OF FATHER (city, state) <u>Boise, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>May 10, 1910</u>	
6. Sex <u>girl</u> 7. Twin or Triplet <u>Triplet</u> If so—born 1st, 2nd, 3rd <u>1st</u>		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Ernest Henry McAuley</u> 11. Color <u>white</u> 12. Age at time of THIS birth <u>28</u> yrs. 13. Birthplace <u>Buffalo, New York</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Mining interests</u> 15. Industry or Business <u>Mining</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Nona Marie Kennedy</u> 17. Color <u>white</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace <u>Silver City, Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business <u>home</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)
25. Attendant's OWN signature.....M.D. Midwife Address.....Date.....

State of Washington County of Garfield } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 32 years, and that Dr. McCalla, who attended this birth, cannot be located. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
Ernest Henry McAuley Signature
Pomeroy, Wash. P. O. Address
Subscribed and sworn to before me this 15th day of May, 1942.
(SEAL) Charles E. Pomeroy Notary Public, residing at Pomeroy, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 9-914, Idaho Code Annotated.)

Received for filing on MAY 26 1942 by Mary E. Eder Registrar.

MAY 26 1911

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

437-210-10-431
MAY 26 1942

346342
346342

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce Local Reg. No.
Bureau of the Census Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannville</u> (b) City <u>Idaho Falls</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannville</u> (c) City <u>Idaho Falls</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>20</u> yrs.	
4. FULL NAME OF CHILD <u>INEZ Salome McGILL (Halsey)</u>		5. Date of Birth of Child (Month, day, year) <u>July 10, 1910</u>	
6. Sex <u>Female</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Idana Scott McGILL</u>		16. FULL MAIDEN NAME <u>Florence Myrtle McLaughlin</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>42</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>31</u> yrs.
13. Birthplace <u>Taney County, Missouri</u> (City or town) (State or foreign country)		19. Birthplace <u>Clair, Iowa</u> (City or town) (State or foreign country)	
14. Exact Occupation		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Real Estate Dealer</u>		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Midwife Address Date**

State of Idaho County of Ada ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 31 years, and that Mrs. Florence McLaughlin who attended this birth. (I am now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 25TH day of MAY, 1942.
(SEAL) _____ Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 26 1942 by Mary E. Elder, Registrar.

SEP 7 1973

MAY 26 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

955-124-026-864

746350 346350

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Jefferson (b) City Grant
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Grant
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grant, Idaho

4. **FULL NAME OF CHILD** William Earl Rees

5. Date of Birth of Child
(Month, day, year) Dec. 24, 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Rees Hyrum Rees

11. Color white 12. Age at time of THIS birth 42 yrs.
or Race white

13. Birthplace Adamsville Utah
(City or town) (State or foreign country)

14. Exact Occupation
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Ann Young

17. Color white 18. Age at time of THIS birth 31 yrs.
or Race white

19. Birthplace Kanarra Utah
(City or town) (State or foreign country)

20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho County of Bonneville } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that Dr. Tucker, who attended this birth, is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires
June 26th, 1943.

Mabel J. Priest Signature
Route 1, Shelley, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of May, 19 42

(SEAL)

Mary E. Elder Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by Mary E. Elder Registrar.

MAY 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

573-126-235-851
MAY 26 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

346353
346353
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County nez Perce (b) City Winchester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home of mother
(e) Mother's stay BEFORE delivery:
IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County nez Perce
(c) City Winchester
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 60 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Ralph Herbert Witter

5. Date of Birth of Child

(Month, day, year) Jan 26 - 1918

6. Sex male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months

of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME

Steven Robert Witter

11. Color

white

12. Age at time

of THIS birth 43 yrs.

13. Birthplace

Hollister

California

14. Exact

Occupation

laborer

15. Industry or

Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Oliver Andromache Heastru

17. Color

white

18. Age at time

of THIS birth 38 yrs.

19. Birthplace

Portage

Utah

20. Exact

Occupation

Housework & Seamstress

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho

County of nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4, above, that I am now 60 years of age, that I have known this person for 32 years, and that

Oliver Ellman
(First name)

Rogers
(Last name)

who attended this birth deceased I further state that
(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Oliver A. Witters Signature

Manimah P. O. Address

Subscribed and sworn to before me this 26 day of May, 1942

(SEAL)

Manimah Public, residing at Manimah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

MAY 26 1942

by Manimah Registrar.

MAY 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **346377**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No. R.F.D. # 2
(d) Name of Hospital or Maternity Home: farm home
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No. R.F.D. # 2
(e) How long has MOTHER lived in Idaho? 33 yrs.

4. FULL NAME
OF CHILD

Cecelia S. Sprenger

5. Date of Birth of Child

(Month, day, year) 9-29-1910

6. Sex

FEMALE

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9 mo 9. Legitimate? yes

FATHER OF CHILD

10. FULL
NAME

Joseph Sprenger

11. Color
or Race

white

12. Age at time
of THIS birth

45 yrs.

13. Birthplace

Madfeld Germany
(City or town) (State or foreign country)

14. Exact
Occupation

Farmer

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN
NAME

Katharina M. Evits

17. Color
or Race

white

18. Age at time
of THIS birth

33 yrs.

19. Birthplace

near Genesee Id.
(City or town) (State or foreign country)

20. Exact
Occupation

House wife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho ss.
County of LATAH

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears
in Item 4, above, that I am now 45 years of age, that I have known this person for 31 years, and that
Katharina Evits who attended this birth now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Mrs. Louis Schenck Signature
Genesee Id. P. O. Address

Subscribed and sworn to before me this 15th day of May 1942

(SEAL)

Genesee Idaho Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1942 by Marjorie Registrar.

MAY 25 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

733-1091006-313

346415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City.....
(c) Street Address or R.F.D. No. 2.....
(d) Name of Hospital or Maternity Home: Home.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county 26 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham.....
(c) City.....
(d) Street Address or R.F.D. No. 2.....
(e) How long has MOTHER lived in Idaho? 20 yrs.

4. **FULL NAME OF CHILD** Dale Edwin Clark

3. **RESIDENCE OF FATHER** (city, state) Shelley Idaho
5. Date of Birth of Child (Month, day, year) Feb. 9, 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD
10. **FULL NAME** Leonidas Clark
11. Color White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Proper Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Malinda Christina Catron
17. Color white 18. Age at time of THIS birth 21 yrs.
19. Birthplace Star Valley Wyoming
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 52 years of age, that I have known this person for 30 years, and that Eliza Lemmett who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires July 11, 1943.

* Malinda Christina Clark Signature

Subscribed and sworn to before me this 20th day of May, 1942
(SEAL) Paul Randolph Williams Notary Public, residing at 2721 Randolph St. Huntington Park Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by Mary DeLoria Registrar.

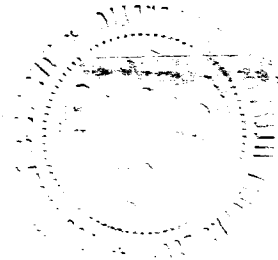
MAY 25 1942

JUN 10 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

215-201-807-698

346451

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH formerly Blaine
(a) County Butte/ (b) City Moore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county 14 years 8 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Butte
(c) City Moore
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 14 yrs.
(f) Mother's mailing address Mackay, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Lillian Edwina Savaria
5. Date of Birth (Month, day year) May 1, 1910
6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Ulysses Milton Savaria
11. Color White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Eau Claire, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

16. FULL MAIDEN NAME Lillian May Fry
17. Color White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Decatur, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAY 15 1942 (Date received) (b) (Registrar's signature) 25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
27. Given name added on by (Registrar's signature) and address Date

State of Idaho } ss.
County of Custer }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lillian M. Savaria, being first duly sworn, say that I am related to Lillian Edwina Savaria as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Harriet Laney, who attended said birth, is now deceased (Name of attendant at birth) and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Lillian M. Savaria Signature
Mackay, Idaho P. O. Address
Subscribed and sworn to before me on this 15th day of May, 1942.
(SEAL) Notary Public, residing at Mackay, Idaho

MAY 26 1942

MAR 11 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

613-127-007-368

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **346510**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Soldier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME OF CHILD

Leta Ray Watters

7. Twin or

Triplet

If so—born

1st, 2nd, 3rd

6. Sex

male

FATHER OF CHILD

10. FULL NAME

Hyram Mason Watters

11. Color

white

12. Age at time

of THIS birth 50 yrs.

13. Birthplace

Montpelier

Illinois

14. Exact

Occupation

Miller

15. Industry or

Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine

(c) City Soldier

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

Soldier Idaho

5. Date of Birth of Child

(Month, day, year) March 23, 1910

8. No. months

of Pregnancy

7

9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME

Jella Lenora Coy.

17. Color

white

18. Age at time

of THIS birth 38 yrs.

19. Birthplace

Idaho

Idaho

20. Exact

Occupation

Post Office Clerk

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....(First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of CALIFORNIA
County of SANTA BARBARA ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4, above, that I am now 69 years of age, that I have known this person for 32 years, and that

Dr. Johnson (First name) (Last name), who attended this birth.....

cannot be located (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Jella Lenora Watters Signature
Box 400, Rt. 1, Ventura, California P.O. Address

Subscribed and sworn to before me this 19th day of May, 1942.

(SEAL)

Myrtle L. Smith

Notary Public, residing at Santa Barbara,
California.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by John B. Smith Registrar.

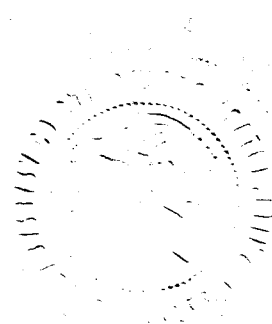
JUN 23 1965

MAY 26 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

415-125,036-415

346511

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Conemaugh (b) City Malad
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years 28 months 2 days 3

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Conemaugh
(c) City Malad
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 28 yrs.

4. FULL NAME OF CHILD

Emrys Odell Davis

3. RESIDENCE OF FATHER (city, state) Malad Idaho

5. Date of Birth of Child

(Month, day, year) April 25, 1910

6. Sex

male

7. Twin or

Triplet

If so—born

1st, 2nd, 3rd

8. No. months

of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME

Emrys Glead Davis

11. Color or Race

white

12. Age at time of THIS birth

29 yrs.

13. Birthplace

Malad Idaho

(City or town) (State or foreign country)

14. Exact Occupation

Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Matilda Adams Davis

17. Color or Race

white

18. Age at time of THIS birth

28 yrs.

19. Birthplace

Malad Idaho

(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of

Idaho

ss.

County of

Conemaugh

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that

Ms Rachel Williams, who attended this birth.....I further state that

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ms Matilda Adams Davis

Signature

3822 Telegraph Ave Oakland

P. O. Address

Subscribed and sworn to before me this.....day of.....

18th

May

1942

(SEAL)

OTB

Notary Public, residing at.....

Oakland California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Commission Expires October 11, 1944

Received for filing on.....

MAY 22 1942

by.....

Malad Idaho

Registrar.

MAY 26 1942

MAY 12 2016

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346577
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 1151-7th
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 1151-7th
(e) How long has MOTHER lived in Idaho? 1 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Krupp Wash

5. Date of Birth of Child
(Month, day, year) Aug 18-1910

4. FULL NAME OF CHILD Yernal Francis Hinton

6. Sex Male
7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. FULL NAME Ephraim Terry Hinton
11. Color White 12. Age at time of THIS birth 49 yrs.
13. Birthplace Eugene Oregon
(City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Susan Elvira Harris
17. Color White 18. Age at time of THIS birth 40 yrs.
19. Birthplace Walterville, Oregon
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living all

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Washington ss.
County of Chelan

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 31 years, and that Dr. Hunter who attended this birth is now dead I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ephraim Terry Hinton Signature
Entire P. O. Address

Subscribed and sworn to before me this 31 day of May, 1942
(SEAL) H. H. Hunter Notary Public, residing at Entire
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

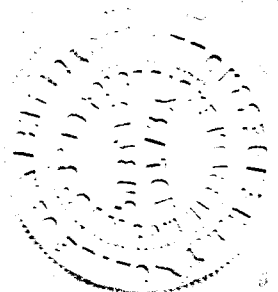
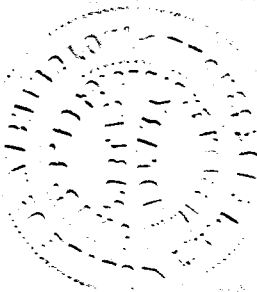
Received for filing on MAY 25 1942 by Registrar.

MAY 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **346583**
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. 317 So. Maple
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 13 years 13 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. 317 So. Maple

(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot Idaho

4. FULL NAME OF CHILD Winona Alma Talles

5. Date of Birth of Child
(Month, day, year) Sept 8 1910

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Claude William Talles
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Waco, Nebr.
(City or town) (State or foreign country)
14. Exact Occupation Yard man - B.P. Lbr Co
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace Laura Broadbent
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Minnesota
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Neo-Bulbol 10% Sol.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 5:00 P. M. on the date May 22 '44
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Grace (Mother), who is related to this child as (Mother, etc.)
(First name) (Last name)

25. Attendant's OWN signature M.E. Talles M.D. Midwife Address Blackfoot, Idaho Date May 22 '44

State of.....ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of.....

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL).....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by Mabel T. Talles, Registrar.

OCT 2 1975

MAY 27 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

739-108100-717

346602

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: - Home
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 6th
(e) How long has MOTHER lived in Idaho? 2 yrs.

4. FULL NAME OF CHILD

Almon Cody Glidewell

6. Sex

Boy

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate?

5. Date of Birth of Child

(Month, day, year) Nov. 8-1910

3. RESIDENCE OF FATHER (city, state) Boise Ida

10. FULL NAME

Ralph Ray Glidewell

11. Color

American

12. Age at time

or Race of THIS birth.....yrs.

13. Birthplace

Millard

(City or town) (State or foreign country)

14. Exact

Occupation

Engineer

15. Industry or

Business

16. FULL MAIDEN NAME

Myrtle Jane Jaggard

17. Color

American

18. Age at time

or Race of THIS birth.....yrs.

19. Birthplace

Barrock

(City or town) (State or foreign country)

20. Exact

Occupation

Housekeeper

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of California }
County of San Joaquin } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears
in Item 4, above, that I am now 54 years of age, that I have known this person for 11 years, and that
(First name) (Last name) who attended this birth..... I further state that
(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Myrtle Jane Glidewell Signature
P. O. Address

Subscribed and sworn to before me this 20 day of May, 1942
(SEAL) Emma M. Wirth Notary Public, residing at Stockton

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

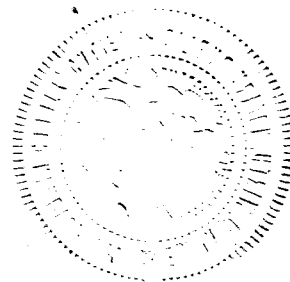
Received for filing on MAY 25 1942 by Mark J. [unclear] Registrar.

MAY 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

251-1071029-668

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **346613**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county 32 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. 3
(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Harry Lloyd Sears

5. Date of Birth of Child
(Month, day, year) Oct. 7, 1910

6. Sex male 7. Twin or Triplet twin If so—born 1st, 2nd, 3rd 1st 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Sears
11. Color or Race white 12. Age at time of THIS birth 50 yrs.
13. Birthplace Coal Port, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Addie Katherine Wohlson
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Berlin, Germany
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington ss.
County of Spokane

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 31 years, and that Dr. Adair, who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs. Joe Sears Signature
R. #5 Spokane, Washington P. O. Address

Subscribed and sworn to before me this 23 day of May, 1942.

(SEAL) [Signature] Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

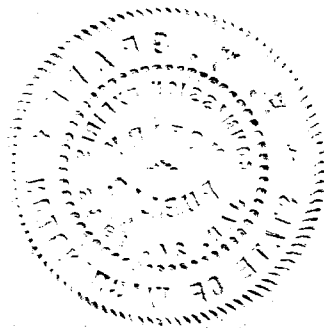
Received for filing on MAY 25 1942 by [Signature] Registrar.

MAY 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

255-118'006-514

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **346628**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. R.F.D. 2
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 10 years 1 months 18 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
3. **RESIDENCE OF FATHER** (city, state) Shelley, Ida.

4. **FULL NAME OF CHILD** Kermit Francis Bennett
5. Date of Birth of Child
(Month, day, year) Feb. 18, 1910
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|--|---|--|
| 10. FULL NAME <u>Fred Bennett</u> | 16. FULL MAIDEN NAME <u>Agnes Cecilia Vaughn</u> | 17. Color <u>White</u> | 18. Age at time of THIS birth <u>28</u> yrs. |
| 11. Birthplace <u>Deerlodge Montana</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Deerlodge Montana</u>
(City or town) (State or foreign country) | 20. Exact Occupation <u>Farmer</u> | 21. Exact Occupation <u>Housewife</u> |
| 12. Age at time of THIS birth <u>40</u> yrs. | | 22. Industry or Business <u>Farming</u> | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child...3..... (b) Born alive and now living...3.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's H. W. Mitchell M.D. Address Blackfoot, Idaho Date May 18, '42
OWN signature H. W. Mitchell ~~XXXX~~

State of.....ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by Mary E. Fisher, Registrar.

MAY 27 1922

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

555-212-1008-397

346652

346652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Boise, (now / Lem County) Sweet.
(c) Street Address or R.F.D. No. General delivery.
(d) Name of Hospital or Maternity Home: maternity home
Born at home of Mrs. Badley, who conducted a
(e) Mother's stay BEFORE delivery:
IN THIS county 5 years xx months xx days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Boise, (now / Lem County)
(c) City Sweet
(d) Street Address or R.F.D. No. General Delivery
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
3. RESIDENCE OF FATHER (city, state) Sweet, Idaho.

4. FULL NAME OF CHILD Maude Iris Henry

5. Date of Birth of Child
(Month, day, year) June 12, 1910.

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd xx

8. No. months of Pregnancy 9Mo. 9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Charles Willard Henry
11. Color White 12. Age at time of THIS birth 52 yrs.
13. Birthplace Waite Maine.
(City or town) (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business Lumbering and contracting.

MOTHER OF CHILD

16. FULL MAIDEN NAME Essie Prudent Lipsett.
17. Color White 18. Age at time of THIS birth 45 yrs.
19. Birthplace Idaho
(City or town) (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business House Wife.

None used.

22. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living seven

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Ida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 84 years of age, that I have known this person for 31 years, and that Dr. Alfred Skippen who attended this birth cannot be located I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Willard Henry Signature
Sweet, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of May, 19 42.
(SEAL) S. D. Fairchild Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1942 by Maude E. Elder Registrar.

MAY 29 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

319-107-2 Min. 10-714

346654

346659

United States
Department of Commerce
Bureau of the Census

Be sure the information is as of date of birth of THIS child)

State File No. 346659
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 392 Ash St.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 392 Ash
(e) How long has MOTHER lived in Idaho? 5 yrs
3. RESIDENCE OF FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD William Brent Carter
7. Twin or Triplet no If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) April 7, 1910
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME William B. Carter
11. Color white 12. Age at time of THIS birth 35 yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation mechanic
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Anna S. Paulson
17. Color white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Idaho Falls (City or town) (State or foreign country)
20. Exact Occupation bookkeeper
21. Industry or Business the Transfer Co.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at Idaho Falls M. on the date April 7, 1910 and at the place stated above, and that personal particulars were furnished by Anna Carter, who is related to this child as Mother (First name) (Last name)

25. Attendant's OWN signature Wm B. Kinriard M.D. None Address Idaho Falls, Idaho Date 7/26/1942
State of Idaho County of Bonneville ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that Dr. William Kinriard, who attended this birth, (First name) (Last name) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires June 26th, 1943.

Anna S. Carter Signature
392 Ash Street, Idaho Falls, Ida. P. O. Address

Subscribed and sworn to before me this 21st day of May, 1942.
(SEAL) Myrtle N. Campbell Notary Public, residing at Idaho Falls, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1942 by Mary E. Eder Registrar.

MAY 27 1962

JUN 6 1949

OCT 18 1965

SEP 1 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **346709**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Stites
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: ..
(e) Mother's stay BEFORE delivery: Ranch
IN THIS county 6 years 2 months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Stites
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 6 yrs.
3. RESIDENCE OF FATHER (city, state) Stites, Idaho

4. FULL NAME OF CHILD Alice Mae Broyles
6. Sex Female 7. Twin or Triplet no
If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) November, 23, 1942
8. No. months of Pregnancy 9 mo. 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Alexander A. Broyles
11. Color White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Louisville, Kentucky
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD
16. FULL MAIDEN NAME Laura Frances Collins
17. Color White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Howard City, Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for since birth years, and that (no attendant), who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Laura Frances Broyles Whitney Signature
1109 N. Hoover St. Los Angeles, Calif. Address

Subscribed and sworn to before me this 25 day of May, 1942
My Commission Expires Dec. 25, 1942
(SEAL) Notary Public Notary Public, residing at 911 N. Virgil Ave
Los Angeles, Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on MAY 27 1942 by Mabel V. Colfer, Registrar.

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

636-212-04-693

1. PLACE OF BIRTH
 County of Bear Lake
 City of Blackfoot
 No. _____ St. _____

STATE OF IDAHO
 DEPARTMENT OF PUBLIC WELFARE
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

346749

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Rae Emma Floyd

3. Sex F. If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ }
 6. Premature Yes Full term _____ 7. Legitimate? Yes 8. Date of birth Feb 12, 1940
 (Month, Day, Year)

9. Full name FATHER Milton John Floyd 18. Full maiden name MOTHER Louisa Wilbur Floyd

10. Residence (usual place of abode) St. Charles Idaho 19. Residence (usual place of abode) St. Charles Idaho
 (If non-resident, give place and State)

11. Color or race W. 12. Age at last birthday 31 (years) 20. Color or race W. 21. Age at last birthday 29 (years)

13. Birthplace (city or place) St. Charles Idaho 22. Birthplace (city or place) Bloomington Idaho
 (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanics and Carpenter 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____
 19____ in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____
 19____ in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 10% Argrol

28. Number of children of this mother (At time of this birth and including this child) _____
 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks _____ } 30. Cause of stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

(Signed) W. Hayward, M. D.

or _____, Midwife

Address Louisa Wilbur Floyd

Filed MAY 26 1942, 1940

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

MAY 29 1942

MAY 28 1942

JUN 26 1942

DELETED

763-101-01K-595

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **346772**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county one years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.

4. FULL NAME OF CHILD Edward DeLude Potter

3. RESIDENCE OF FATHER (city, state) Caldwell Idaho
5. Date of Birth of Child Jan. 1st, 1910
(Month, day, year)

6. Sex Male 7. Twin or Triplet Yes If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Edward D Potter
11. Color or Race White **12. Age at time of THIS birth** 26 yrs.
13. Birthplace Near Concordia Kansas
(City or town) (State or foreign country)
14. Exact Occupation Real Estate Salesman
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Grace May Vining
17. Color or Race White **18. Age at time of THIS birth** 31 yrs.
19. Birthplace Columbus Ohio
(City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business Nothing

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 8 M. on the date Jan 29 (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Potter, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's Samuel J Miller **M.D.** Long Beach, Calif. **Address** Long Beach, Calif. **Date**

OWN signature Samuel J Miller
State of Oregon } ss.
County of Marion

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 32 years, and that Samuel J. Miller, M.D. who attended this birth Cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace May Vining Potter Signature
Salem, Ore. P. O. Address

Subscribed and sworn to before me this 25th day of May, 1942
(SEAL) Thurmer Peterson Notary Public, residing at Salem, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) my commission expires Feb. 28, 1942

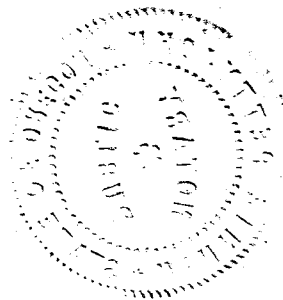
Received for filing on MAY 26 1942 by Thurmer Peterson, Registrar.

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



249-213-812-595

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

346786
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. R.F. 0
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay BEFORE delivery:
IN THIS county 0 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. R.F. 0
(e) How long has MOTHER lived in Idaho? 4 months yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Idaho

4. FULL NAME OF CHILD Adelaide Dorothy Adelaide Smith

5. Date of Birth of Child (Month, day, year) Sept 13, 1910

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Jordan Smith
11. Color White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Porter at New Brunswick, Canada
(City or town) (State or foreign country)
14. Exact Occupation Farm laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Viney
17. Color White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Portland, Maine
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature California M.D. Address Date
Midwife

State of California County of Stanislaus ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 31 years, and that Dr. Pike who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 22nd day of May, 1943.
(SEAL) F. M. Brack Notary Public, residing at Modesto, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

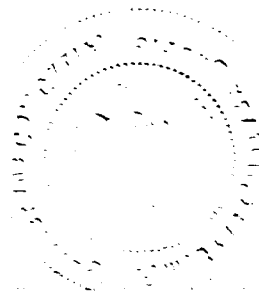
Received for filing on MAY 27 1942 by Registrar.

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

791-122-003-791

346802

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. W. Center St
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 3 years 6 months days

4. FULL NAME OF CHILD

Island James Prater

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

10. FULL NAME

William James Prater

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace

Cardiff (City or town) So. Wales (State or foreign country)

14. Exact Occupation

Photographer

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock

(c) City Pocatello

(d) Street Address or R.F.D. No. W. Center

(e) How long has MOTHER lived in Idaho? 3 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho

5. Date of Birth of Child

(Month, day, year) Jan. 22, 1910

8. No. months of Pregnancy 9

9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME

Annice Candland Prater

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace

(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child.....2. (b) Born alive and now living.....1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of California ss.
County of Los Angeles

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that.....
(First name) (Last name) (Mother, etc.)

....., who attended this birth.....I further state that.....
(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annice Candland Prater Ragland
1114 S. Charles St. Rosemead, Calif.
Signature Address

Subscribed and sworn to before me this.....day of.....19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. Exp. 9-15-45.

Received for filing on.....**MAY 27 1942**.....by....., Registrar.

MAY 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

395-103-042-155

346807

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Butte</u> (b) City <u>Howe</u> (c) Street Address or R.F.D. No. <u>---</u> (d) Name of Hospital or Maternity Home: <u>Child born at ranch home, Howe, Ida.</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Butte</u> (c) City <u>Howe</u> (d) Street Address or R.F.D. No. <u>---</u> (e) How long has MOTHER lived in Idaho? <u>one</u> yrs.	
4. FULL NAME OF CHILD <u>Herbert Jennings Lindenman</u>		5. Date of Birth of Child (Month, day, year) <u>Oct. 3, 1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>No</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>August Lindenman</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>30</u> yrs. 13. Birthplace <u>Freeport, Illinois</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>---</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Daisy Belle Jennings</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>22</u> yrs. 19. Birthplace <u>Independence, Arkansas</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>----</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1. (b) Born alive and now living 13

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at H A. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by August Lindenman, who is related to this child as Father.
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Father **M.D. Midwife** Address 240-Pierce St. Twin Falls Date 5/26/42
State of Idaho County of Twin Falls ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for since birth years, and that Dr. Stevens, who attended this birth now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 26 day of May, 1942.
(SEAL) J. E. Roberts Notary Public, residing at Twin Falls
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1942 by Mary E. Baker Registrar.

JUN 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each verified copy requires an advance payment of fifty cents, money order or coin.

23-212-213-238
United States (Be sure the information is as of date of birth of THIS child) State File No.....
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.....
Bureau of the Census STATE OF IDAHO Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County.....Camas..... (b) City.....Fairfield.....
(c) Street Address or R.F.D. No.....1.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State.....Idaho..... (b) County.....Camas.....
(c) City.....Fairfield.....
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?.....2.....yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD.....Clara Bottcher.....
5. Date of Birth of Child (Month, day, year).....Jan. 12, 1910.....
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME.....William Fredrick Bottcher.....	16. FULL MAIDEN NAME.....Finnie Barbara Schlotz.....	11. Color.....White.....	17. Color.....White.....
12. Age at time of THIS birth.....39.....yrs.	18. Age at time of THIS birth.....29.....yrs.	13. Birthplace.....Iowa.....	19. Birthplace.....Thornton, Washington.....
(City or town) (State or foreign country)	(City or town) (State or foreign country)	14. Exact Occupation.....Farmer.....	20. Exact Occupation.....Housewife.....
15. Industry or Business.....	21. Industry or Business.....		

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child.....2..... (b) Born alive and now living.....2.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date
State of.....Idaho.....ss. AFFIDAVIT to be completed when the attendant does not sign
County of.....Camas..... in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears
in Item 4, above, that I am now.....61.....years of age, that I have known this person for.....since birth.....years, and that
.....Mrs. Riley....., who attended this birth.....unknown..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

.....Missie Bottcher.....Signature
.....P. O. Address
Subscribed and sworn to before me this 4th day of May, 1942
(SEAL) Notary Public, residing at Fairfield, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by Mary E. Elder, Registrar.

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STANDARD CERTIFICATE OF LIVE BIRTH

State File No. **346862**
Registrar's No. _____

State of IDAHO

1. PLACE OF BIRTH: (a) County <u>Nez Perce</u> (b) City or town <u>Lapwai</u> <small>(If outside city or town limits, write RURAL)</small> (c) Name of hospital or institution: <u>At home</u> <small>(If not in hospital or institution, give street number or location)</small> (d) Mother's stay before delivery: In hospital or institution <u>No.</u> In this community <u>50</u> <small>(Specify whether years, months, or days)</small>		2. USUAL RESIDENCE OF MOTHER: (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City or town <u>Lapwai</u> <small>(If outside city or town limits, write RURAL)</small> (d) Street No. _____ <small>(If rural, give location)</small>	
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3. Full name of child <u>Ellen Pinkham (Now Ezekiel)</u>			4. Date of birth <u>Jan. 12, 1910</u> <small>(Month) (Day) (Year)</small>		
5. Sex: <u>F</u>	6. Twin or triplet <u>triplet</u> If so—born 1st, 2d, or 3d <u>2d, or 3d</u>	7. Number months of pregnancy <u>9</u>	8. Is mother married? <u>yes</u>		
FATHER OF CHILD			MOTHER OF CHILD		
9. Full name <u>Johnny Pinkham</u>			15. Full maiden name <u>Lydia Moses</u>		
10. Color or race <u>Indian</u>			16. Color or race <u>Indian</u>		
11. Age at time of this birth <u>48</u> yrs.			17. Age at time of this birth <u>32</u> yrs.		
12. Birthplace <u>Lapwai, Idaho.</u> <small>(City, town, or county) (State or foreign country)</small>			18. Birthplace <u>Lapwai, Idaho.</u> <small>(City, town, or county) (State or foreign country)</small>		
13. Usual occupation <u>Farming</u>			19. Usual occupation <u>Housewife</u>		
14. Industry or business <u>Own Farm</u>			20. Industry or business <u>Home</u>		
21. Children born to this mother: (a) How many other children of this mother are now living? <u>4</u> (b) How many other children were born alive but are now dead? <u>2</u> (c) How many children were born dead? <u>None</u>			22. Mother's mailing address for registration notice: <u>Mother now deceased</u>		

23. I hereby certify that I attended the birth of this child who was born alive at the hour of 2 on the date above stated, that the information given was furnished by Johnny Pinkham, related to this child as father

24. Date received by local registrar JUN 2 1942

25. Registrar's own signature Mary E. Elden Mark. 1942

26. Date on which given name added _____ by _____ (Registrar) Address Toppenish, Washington

8-6916

U. S. GOVERNMENT PRINTING OFFICE 16-13492

I certify that the information furnished above is a correct and true transcript as taken from the Official Census Records of the Northern Idaho Agency, and from information furnished by father of applicant.

Certified correct this: MAY 28 1942

Subscribed and sworn to before me this 28th day of MAY 1942 at Lapwai, Idaho.

My Comm. Exp 3-22-43

E. H. La Cour
Notary Public

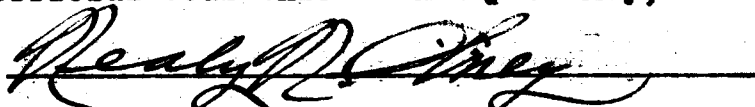
JUN 2 1942

AFFIDAVIT

STATE OF WASHINGTON,)
: SS.
COUNTY OF YAKIMA,)

On this day personally appeared before me Johnny Pinkham, described in and who executed the within and foregoing STANDARD CERTIFICATE OF LIVE BIRTH, and acknowledged that he signed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned. That on oath he stated he could not write his signature and that he ~~st~~ used his thumb as his official signature, and I hereby certify that he placed his right thumb, in duplicate, on said Standard Certificate of Live Birth, shown on reversed side hereof.

Given under my hand and official seal this 27th day of May, 1942.



Notary Public in and for the State of Washington, residing at
Wapato, Washington.

My commission expires on the 18th day of January, 1943.

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

819-101-035-253

346864

346864

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Orofino
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county 7 years 10 months 27 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Orofino
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 7 yrs.
3. **RESIDENCE OF FATHER** (city, state) Orofino, Idaho

4. **FULL NAME OF CHILD** KEITH WILLIAM HARKNESS
5. Date of Birth of Child (Month, day, year) August 1, 1910
6. Sex Male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Walter Carlyle Harkness
11. Color White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Grace Mildred Bell
17. Color White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Wayne Michigan
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 10:20 P.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Grace M. Harkness, who is related to this child as Mother
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Midwife _____ Address _____ Date _____

~~STATE OF~~ **UNITED STATES OF AMERICA**
~~COMMONWEALTH OF~~ **TERRITORY OF ALASKA**

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 31 years, and that Dr. J. M. Fairly, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace M. Harkness Signature
P. O. Box 1112 P. O. Address

Subscribed and sworn to before me this 23rd day of May, 19 42.

(SEAL)

Mary M. Squire Notary Public, residing at Fairbanks, Alaska

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by Mary E. Eder Registrar.

DEC 5 1972

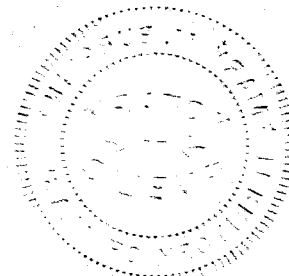
JUN 3

1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



133-120-029-437

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **346889**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Gretman Hospital
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Fondrick
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. FULL NAME OF CHILD George Angus Atchison

5. Date of Birth of Child (Month, day, year) Jan 20 1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Edward P. Atchison
11. Color white 12. Age at time of THIS birth 45 yrs.
13. Birthplace (City or town) (State or foreign country) Kansas
14. Exact Occupation Storehouse Manager
15. Industry or Business Grain

MOTHER OF CHILD
16. FULL MAIDEN NAME Annabelle McLeod
17. Color white 18. Age at time of THIS birth 39 yrs.
19. Birthplace (City or town) (State or foreign country) Canada
20. Exact Occupation House wife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington } ss.
County of Latah

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Friend of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 32 years, and that William A. Thorpe, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Consent to be treated)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John A. Halseth Signature
5410 Pine St. Tacoma, Wn. P. O. Address

Subscribed and sworn to before me this 28th day of January, 1942
(SEAL) Helen Stein Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

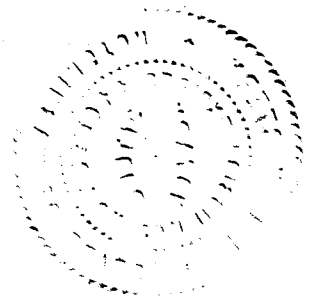
Received for filing on MAY 28 1942 by M. J. [Signature], Registrar.

JUN 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

443-117-018-336

346934

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Clearwater (b) City Orfius
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
None
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Clearwater
(c) City Orfius
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 38 yrs

4. FULL NAME OF CHILD

J. Oliver Mullen

3. RESIDENCE OF FATHER (city, state)

Orfius Idaho
5. Date of Birth of Child (Month, day, year) Oct. 12, 1910

6. Sex

Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

yes

10. FULL NAME

Walter E. Mullen

11. Color or Race

White

12. Age at time of THIS birth

44 yrs.

13. Birthplace

(City or town)

Indiana (State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

Farmer

16. FULL MAIDEN NAME

Mattie E. Lloyd

17. Color or Race

White

18. Age at time of THIS birth

47 yrs.

19. Birthplace

(City or town)

Idaho (State or foreign country)

20. Exact Occupation

Salmonwife

21. Industry or Business

Salmonwife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho ss.
County of Clearwater

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for since birth years, and that

....., who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mattie E. Mullen Signature
Orfius Idaho P. O. Address

Subscribed and sworn to before me this 20th day of May, 1942

(SEAL)

A. R. Delaney

Notary Public, residing at Orfius Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1942 by Mattie E. Mullen Registrar.

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

347033

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items, at time of this birth)
(a) County BANNOCK (b) City DOWNEY
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City DOWNEY
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 25 yrs.
3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Clifford Lavern Newbold
7. Twin or Triplet No If so—born 1st, 2nd, 3rd No
6. Sex Male

5. Date of Birth of Child (Month, day, year) Dec. 25, 1910
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Samuel M. Newbold
11. Color White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Smithfield, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own Farm

MOTHER OF CHILD
16. FULL MAIDEN NAME Dora Kingsford
17. Color White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Weston, Idaho
(City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho ss.
County of Fremont

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for Life years, and that Dr. Ornout, who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 17 day of April, 1942
(SEAL) Notary Public Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 28 1942 by Mabel Beeler Registrar.

JUN 20 1975

MAR 14 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child, put with a separate Return must be made for each, and the number of each, in order of birth, stated.

294-2131009-291

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

347043

AUG 15 1941

1. PLACE OF BIRTH
County of Banner
City of Sandpoint
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Sandpoint Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Ruth Simpson

3. Sex Female If plural births { 4. Twin, triplet, or other. _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth Dec 13 1940 (Month, Day, Year)

9. Full name FATHER Doc Samuel Abels Simpson 18. Full maiden name MOTHER Mabel Vivian Grant

10. Residence (usual place of abode) (If non-resident, give place and State) Sandpoint, Idaho 19. Residence (usual place of abode) (If non-resident, give place and State) Sandpoint, Idaho

11. Color or race white 12. Age at last birthday 29 (years) 20. Color or race white 21. Age at last birthday 29 (years)

13. Birthplace (city or place) (State or Country) Richland Center Wisconsin 22. Birthplace (city or place) (State or Country) Waukegan, Illinois

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. barber 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. teacher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. barbershop 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work Dec 1940 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 19____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 1%

28. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report. _____ (Date of) _____

(Signed) A. H. Page M. D. or _____ Midwife Address Sandpoint Idaho AUG 15 1941 Filed _____ 193____ MAY 1942 Registrar Mabel H. Ketchum

Registrar.

SEP 21 1966

DELAYED

864-106-075-845

347046

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Myer (b) City Hitcher
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery, at home
IN THIS county 401 years 6 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Myer
(c) City Hitcher
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

4. **FULL NAME OF CHILD** Francis D. Lyle Younger
6. Sex male 7. Twin or Triplet no If so born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Valer Montana
5. Date of Birth of Child
(Month, day, year) April 16, 1916
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Orestis Williams Younger
11. Color White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Sumner, Ill.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Miss Pearl Dry Hunter
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Sumner, Ill.
(City or town) (State or foreign country)
20. Exact Occupation Farmer wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature California M.D. Address Date
State of California ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Los Angeles

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 33 years, and that Dr. Burk who attended this birth who is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 24th day of May, 1942, at Colif
(SEAL) P. H. Atkinson Notary Public, residing at Long Beach, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Comm. Exp. 12/19/42

Received for filing on MAY 28 1942 by Myer Registrar.

MAY 4 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

314-217.028369

347118

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 1052 "C" St.
(d) Name of Hospital or Maternity Home:
born at home - 1052 "C" St.
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 1052 "C" St.
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene, Ida.

4. FULL NAME OF CHILD

Margaret Lucille Larson

5. Date of Birth of Child

(Month, day, year) June 17, 1910

6. Sex Female 7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Olaf Alfred Larson
11. Color White 12. Age at time of THIS birth 44 yrs.
13. Birthplace S. ANNE, Sweden
(City or town) (State or foreign country)
14. Exact Occupation Lumber Piler
15. Industry or Business Lumber Company

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Carolina Nordstrom
17. Color White 18. Age at time of THIS birth 36 yrs.
19. Birthplace S. ANNE, Sweden
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature John O'Leary

M.D. Midwife

Address Coeur d'Alene, Ida. Date May 27, 42

State of.....ss.
County of.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that

....., who attended this birth..... I further state that

(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL)

.....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by Mary J. Baker, Registrar.

JUL 17 1972

JUN 3 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

695-114. 070-356

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **347135**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Methodist Parsonage
(d) Name of Hospital or Maternity Home: nage
(e) Mother's stay BEFORE delivery:
IN THIS county years 9 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. M.E. Parsonage
(e) How long has MOTHER lived in Idaho? -1 yrs.
3. RESIDENCE OF FATHER (city, state) Idaho Falls, I

4. FULL NAME OF CHILD James Lewis Finger
6. Sex Male
7. Twin or Triplet Triplet
8. No. months of Pregnancy 9
9. Legitimate? Yes

5. Date of Birth of Child
(Month, day, year) July 14, 1910

FATHER OF CHILD
10. FULL NAME Jacob Finger
11. Color White **12. Age at time of THIS birth** 38 yrs.
13. Birthplace Lithuania
(City or town) (State or foreign country)
14. Exact Occupation Clergyman
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Elizabeth Ethel Lewis
17. Color White **18. Age at time of THIS birth** 30 yrs.
19. Birthplace Gaysville, Vermont
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ..
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at 9:20 A. M. on the date July 14, 1910
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by .., who is related to this child as ..
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature James S. Fuller **M.D.** Fuller **Midwife** Fuller **Address** Attica, N.Y. **Date** July 14, 1910
State of New York } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Wyoming }

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for almost 32 years, and that S. S. Fuller who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Jacob Finger Signature
44 East Ave. Attica N.Y. P. O. Address
Subscribed and sworn to before me this 26th day of May, 1942.
(SEAL) Ernest J. Marley Notary Public, residing at Attica
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-912, Idaho Code annotated.)

Received for filing on MAY 29 1942 by Marj + G. L. L. Registrar.

APR 21 1976

JUN 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **347155**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ben (b) City Emmett
(c) Street Address or R.F.D. No. One
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 10 years 1 months days

4. FULL NAME OF CHILD

Deard Justin Marchant

6. Sex Male

7. Twin or

Twins

If so—born

1st undead

8. No. months

of Pregnancy 7

9. Legitimate? yes

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ben

(c) City Emmett

(d) Street Address or R.F.D. No. One

(e) How long has MOTHER lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state) Emmett, Idaho

5. Date of Birth of Child

(Month, day, year) Jan. 5, 1910

10. FULL NAME

Justin William Marchant

11. Color

white

12. Age at time

of THIS birth 32 yrs.

13. Birthplace

Idaho

Utah

(City or town)

(State or foreign country)

14. Exact

Occupation

Truckman

15. Industry or

Business

16. FULL MAIDEN NAME

Minnie Smith

17. Color

white

18. Age at time

of THIS birth 32 yrs.

19. Birthplace

South Cottonwood

Utah

(City or town)

(State or foreign country)

20. Exact

Occupation

Housewife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Ben

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
(Mother, etc.) in Item 4, above, that I am now 55 years of age, that I have known this person for 32 years, and that

Dr. R. H. Greene who attended this birth is now deceased I further state that
(First name) (Last name) (is now deceased) or (cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Minnie Smith Marchant Signature

Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of May, 1942

(SEAL)

J. P. Reed

Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

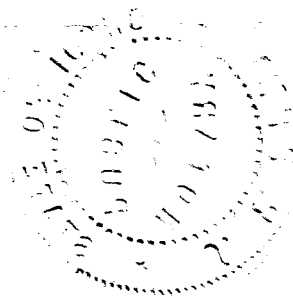
Received for filing on JUN 1 1942 by M. J. [unclear] Registrar.

JUN 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

415 415-006-515

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **347176**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Aberdeen
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none

(e) Mother's stay **BEFORE** delivery:

IN THIS county years months days

4. FULL NAME OF CHILD

Edward Van Ornum Davis

6. Sex male

7. Twin or Triplet

single

If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME

Edward Luther Davis

11. Color or Race

white

12. Age at time of THIS birth

31 yrs.

13. Birthplace

Jackson, Ohio

(City or town)

(State or foreign country)

14. Exact Occupation

Mgr., Aberdeen Elevator

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Aberdeen

(d) Street Address or R.F.D. No. none

(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

Idaho

5. Date of Birth of Child

(Month, day, year) December

15, 1910

8. No. months of Pregnancy

9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME

Hazel Van Ornum

17. Color or Race

white

18. Age at time of THIS birth

24 yrs.

19. Birthplace

Chicago, Illinois

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 5:40 A.M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Hazel Van Ornum Davis, who is related to this child as Mother (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho ss.
County of Bingham

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 31 years, and that

M. C. McKinnon, M. D. who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hazel Van Ornum Davis Signature
P. O. Address

Subscribed and sworn to before me this 29 day of May, 19 42

(SEAL)

M. D. Luscheid Notary Public, residing at Aberdeen, Id

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code.)

Received for filing on MAY 28 1942 by M. D. Luscheid Registrar.

JUN 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

339 012-014-962
PLACE OF BIRTH
County of Canyon
City of Nampa, Idaho
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

347181

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Eleanor Bess Clifford

3. Sex <u>F</u>	If plural births { 4. Twin, triplet, or other. <u>---</u> 5. Number, in order of birth. <u>---</u>	6. Premature <u>---</u> Full term <u>Yes</u>	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Oct. 12</u> <u>1910</u> (Month, Day, Year)
-----------------	---	---	---------------------------	---

9. Full name FATHER
John Frank Clifford
10. Residence (usual place of abode)
(If non-resident, give place and State) Little Rock, Ark.
11. Color or race White | 12. Age at last birthday 27 (years)
13. Birthplace (city or place) Lapeer, Michigan
(State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Started own practice June 1, 1908
16. Date (month and year) last engaged in this work at this date, 19____
17. Total time (years) spent in this work 2

18. Full maiden name Grace MOTHER
Mabel Robertson
19. Residence (usual place of abode)
(If non-resident, give place and State) Little Rock, Ark.
20. Color or race White | 21. Age at last birthday 26 (years)
22. Birthplace (city or place) Dow City, Iowa
(State or Country)
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia neonatorum? Argyrol
28. Number of children of this mother (At time of birth of this child) This is first child
(a) Born alive 1 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, { month _____ or week _____
period of gestation _____ { Cause of Stillbirth _____
During labor _____
Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, _____

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar

PHYSICIAN OR MIDWIFE

born alive _____ at _____ m. on the date above stated.
(If born Alive or Stillborn)

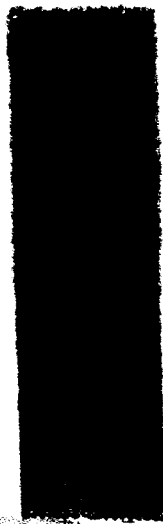
M. D.
Physician

Midwife
Midvale, Utah

JUN 1 1942, 193____
Mabel Robertson

Registrar

JUN 3 1942



DELAYED

749-109-228-383

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **347208**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. Laffer Bay
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Kootenai
(c) City Laffer Bay
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene

4. FULL NAME OF CHILD

Alvin Albert Gordon

7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Elmer Arthur Gordon
11. Color white 12. Age at time of THIS birth 24 yrs.
13. Birthplace Oregon
(City or town) (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lauretta Guinda Lyle Gordon
17. Color white 18. Age at time of THIS birth 18 yrs.
19. Birthplace Portland Oregon
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver solution
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California ss.
County of Alameda

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 32 years, and that Midwife name forgotten, who attended this birth..... I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937-Session Laws.

Lauretta Gordon Butler Signature
552-21st St, Oakland Calif. P. O. Address

Subscribed and sworn to before me this 29 day of May, 1942
(SEAL) Eugene J. Wheeler Notary Public, residing at Oakland California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 1942 by Walter J. Butler Registrar.

JUN 9 1970

JUN 4 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

347213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City St. Anthony, Ida.
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 5 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
3. **RESIDENCE OF FATHER** (city, state) St. Anthony, Ida.
5. Date of Birth of Child
(Month, day, year) January 29, 1910
4. **FULL NAME OF CHILD** Gwendolyn Lowe Douglass
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Douglass Randolph Douglass
11. Color White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Smithfield Utah
(City or town) (State or foreign country)
14. Exact Occupation Freight Depot
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Wawn Lowe
17. Color White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Providence, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature..... M.D. Address Date
State of Idaho ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Fremont

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 32 years, and that D. W. B. who attended this birth deceased I further state that (Is now deceased) or (Cannot be located)
(First name) (Last name)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 29 day of May, 1941

(SEAL)

Notary Public, residing at St. Anthony, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 1942 by Mabel E. Nelson Registrar.

Use only BLACK/INK or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

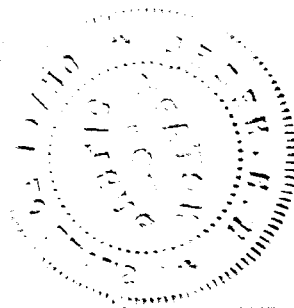
464-229.022-366

JUN 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

State File No. **347217**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

**4. FULL NAME
OF CHILD**

Chavez Johnson

6. Sex Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

**10. FULL
NAME**

Theresa Walter Johnson

11. Color
or Race White

12. Age at time
of THIS birth 35 yrs.

13. Birthplace

Calhoun, Idaho
(City or town)

Canada
(State or foreign country)

14. Exact
Occupation Barber

15. Industry or
Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Jefferson

(c) City Rigby

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 53 yrs.

3. RESIDENCE OF FATHER (city, state)

Rigby, Idaho

5. Date of Birth of Child

(Month, day, year) July 12, 1910

8. No. months

of Pregnancy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

**16. FULL MAIDEN
NAME**

Carlia Bodell Hansen

17. Color
or Race White

18. Age at time
of THIS birth 32 yrs.

19. Birthplace

Calhoun, Idaho
(City or town)

Utah
(State or foreign country)

20. Exact
Occupation Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho ss.
County of Jefferson

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 34 years of age, that I have known this person for 32 years, and that

Don Price who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Carlia Bodell Johnson Signature

Roberts, Idaho P. O. Address

Subscribed and sworn to before me this 29 day of May, 1942

(SEAL)

Arthur P. Jensen

Notary Public, residing at Roberts, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 1942 by Mabel Keeler Registrar.

JUN 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

915-2081 007-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **347220**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Carey Idaho
x(c) Street Address or R.F.D. No.
x(d) Name of Hospital or Maternity Home:
Born at Home
(e) Mother's stay BEFORE delivery:
IN THIS county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Carey Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.

4. FULL NAME OF CHILD Neta Ransom
6. Sex girl 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) Butte Idaho
5. Date of Birth of Child (Month, day, year) Oct 18 - 1910
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Elijah Ransom
11. Color White 12. Age at time of THIS birth 42 yrs.
13. Birthplace England Durham
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Rebecca Williamson
17. Color White 18. Age at time of THIS birth 32 yrs.
19. Birthplace White Sulphur Springs Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date
State of Idaho County of Butte } ss.
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mather of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 31 years, and that Mr Carey who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Rebecca Ransom Signature
804 Park St Butte Idaho P. O. Address

Subscribed and sworn to before me this 19th day of May 1942
(SEAL) Martha Reed Notary Public, residing at Butte Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 1 1942 by Martha Reed Registrar.

JUN 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **347221**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bear Lake (b) City Bloomington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own home
(e) Mother's stay BEFORE delivery: all years her months life days
IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bear Lake
(c) City Bloomington
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho?

4. FULL NAME OF CHILD

Ellen Thornock

5. Date of Birth of Child

(Month, day, year) May 14 1910

6. Sex

female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

yes

FATHER OF CHILD

10. FULL NAME George Thomas Thornock
11. Color or Race white **12. Age at time of THIS birth**

13. Birthplace Bloomington Idaho
(City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Painter Thornock
17. Color or Race white **18. Age at time of THIS birth**

19. Birthplace Portsmouth England
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho }
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 32 years, and that Dr. George Ashley, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maud T. Bateman
Bloomington Ida
May 14 1942

Signature

P. O. Address

Subscribed and sworn to before me this 29th day of May, 1942

(SEAL)

Notary Public, residing at Paris Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by Maud T. Bateman Registrar.

JUN 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **347236**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county — years 4 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 4 months

3. RESIDENCE OF FATHER (city, state) Shoshone, Ida

4. FULL NAME OF CHILD

Joseph Albert Keefer

5. Date of Birth of Child

(Month, day, year) July 17-1910

6. Sex

males

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

John Albert Keefer

11. Color or Race

white

12. Age at time of THIS birth

26 yrs.

13. Birthplace

Merced, California

(City or town)

(State or foreign country)

14. Exact Occupation

Asst Cashier

15. Industry or Business

Lincoln Co Nat. Bank

MOTHER OF CHILD

16. FULL MAIDEN NAME

Ella Josephine Robinson

17. Color or Race

white

18. Age at time of THIS birth

23 yrs.

19. Birthplace

Merced, California

(City or town)

(State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Lincoln

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 31 years, and that Dr. E. E. Zeller, who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Josephine Robinson Keefer Signature
420 3rd Ave. N. Twin Falls, Ida P. O. Address

Subscribed and sworn to before me this 1st day of June 19 42

(SEAL)

Walter C. Taylor

Notary Public, residing at Twin Falls, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 1942 by Walter C. Taylor Registrar.

JUN 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



142-222-042-692

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **347267**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County **Twin Falls** (b) City **Rock Creek**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county **5** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State **Idaho** (b) County **Twin Falls**
(c) City **Rock Creek P.O.**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? **five yrs.**

4. FULL NAME OF CHILD **Lala Catherine Austin**
6. Sex **female** **7. Twin or** **No** **If so—born** **1st, 2nd, 3rd**
8. No. months **9. Legitimate?** **Yes**

3. RESIDENCE OF FATHER (city, state) **Rock Creek Idaho**
5. Date of Birth of Child (Month, day, year) **Jan 22, 1910**

FATHER OF CHILD
10. FULL NAME **Luther Austin**
11. Color **White** **12. Age at time** **34** **of THIS birth** **yrs.**
13. Birthplace **Louisburg Missouri**
(City or town) (State or foreign country)
14. Exact Occupation **Farming**
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME **Ida Alice Wise**
17. Color **White** **18. Age at time** **29** **of THIS birth** **yrs.**
19. Birthplace **Buffalo, Missouri**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **unknown**
23. Number of children of this mother: (a) At time of birth and including this child **one** (b) Born alive and now living **Yes**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** **M.D.** **Midwife** **Address** **Date**

State of **Missouri** **County of** **Dallas** } ss. **X** **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Father** of the person whose name appears in Item 4, above, that I am now **66** years of age, that I have known this person for **32** years, and that **Dr. Clowcheck** who attended this birth **cannot be located** I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this **18th** day of **May**, **1942**
(SEAL) **Charles Larrar** Notary Public, residing at **Buffalo, Missouri**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **JUN 1 1942** by **Marj H. Hefner** Registrar.

JUL 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

291-102-136-921

347279

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Oneida (b) City American Falls
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
At home
(e) Mother's stay BEFORE delivery:
IN THIS county years 9 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Oneida
(c) City American Falls
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 9 mo. 10 d.

3. RESIDENCE OF FATHER (city, state) American Falls

4. FULL NAME OF CHILD

Irvin Samuel Kramlich

5. Date of Birth of Child

(Month, day, year) Aug. 2, 1910

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel Edward Kramlich

11. Color White 12. Age at time
or Race of THIS birth 28 yrs.

13. Birthplace Russia
(City or town) (State or foreign country)

14. Exact Occupation Hardware business

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Isaak

17. Color White 18. Age at time
or Race of THIS birth 23 yrs.

19. Birthplace Parkston, South Dakota
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Colorado
County of Denver } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4, above, that I am now 54 years of age, that I have known this person for 31 years, and that

Dr. Nath who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

My Commission Expires November 29, 1915

Subscribed and sworn to before me this 29th day of May, 1942

(SEAL)

Mary W. Richardson

Notary Public, residing at Denver, Colo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942

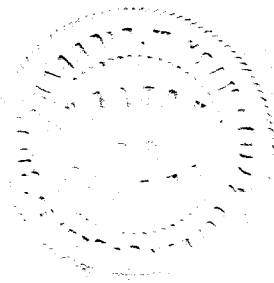
by Mary Kramlich, Registrar.

JUN 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lewis (b) City Manchester
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county 26 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Manchester
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 6 yrs.
3. **RESIDENCE OF FATHER** (city, state) Manchester, Idaho
5. Date of Birth of Child
(Month, day, year) April 22, 1912

4. **FULL NAME OF CHILD** Clara Mildred Lowrey
6. Sex Female 7. Twin or Triplet No If so — born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Irving Herbert Lowrey
11. Color White 12. Age at time of THIS birth 28 yrs.
13. Birthplace East (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Ethel Claire Calhoun
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Idaho (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at Manchester, Idaho M. on the date June 4, 1942 and at the place stated above and that personal particulars were furnished by Irving Herbert Lowrey who is related to this child as father (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature Ethel Hoffmann M.D. Midwife Address Date

State of Idaho County of Carbo ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 32 years, and that Mrs. Helen King (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Irving Herbert Lowrey Signature
41362 Wilcox Ave. 203 P. O. Address
June 4, 1942
Ethel Hoffmann Notary Public, residing at 3983 Front St.
(SEAL) Notary Public, residing at 3983 Front St.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by Mabel T. Fisher, Registrar.

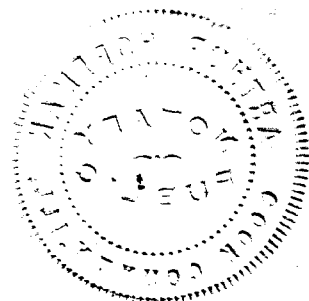
347282

JUN 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **347292**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Rudy
(c) Street Address or R.F.D. No. 2 Lorenzo
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rudy Idaho
(d) Street Address or R.F.D. No. 2 Lorenzo
(e) How long has MOTHER lived in Idaho? 45 yrs.
3. **RESIDENCE OF FATHER** (city, state) Rigby, Idaho

4. **FULL NAME OF CHILD** Earnest Elden Brown
7. Twin or Triplet If so—born 1st, 2nd, 3rd
6. Sex Male

5. Date of Birth of Child
(Month, day, year) Feb. 7, 1910

FATHER OF CHILD
10. **FULL NAME** Edwin Jacob Brown
11. Color white 12. Age at time of THIS birth 25 yrs.
13. Birthplace Salem Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Edith Ross
17. Color White 18. Age at time of THIS birth 18 yrs.
19. Birthplace Severe Utah
(City or town) (State or foreign country)
20. Exact Occupation Housekeeping
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** M.D. Address Date
State of Idaho County of Jefferson } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4 above, that I am now 56 years of age, that I have known this person for from birth years, and that Mrs. Wheeler, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edwin Jacob Brown Signature
Rigby, Idaho Box. 481 P. O. Address

Subscribed and sworn to before me this 2nd day of June, 1942.
(SEAL) George M. Larsen Notary Public, residing at Menan, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUN 3 1942 by Marj H. Hefner Registrar.

MAY 6 1957

JUN 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

699-111-028-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **347337**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Coeur d'Alene** (b) City **Lane**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **Home**
(e) Mother's stay BEFORE delivery:
IN THIS county **1** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Coeur d'Alene**
(c) City **Lane**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? **1** yrs.

4. FULL NAME OF CHILD **THEODORE ALBERT WRIGHT**

6. Sex **MALE** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME **Albert Wright**
11. Color **White** 12. Age at time of THIS birth **33** yrs.
13. Birthplace **Beatrice Kansas**
(City or town) (State or foreign country)
14. Exact Occupation **Rancher**
15. Industry or Business

3. RESIDENCE OF FATHER (city, state) **Lane Idaho**
5. Date of Birth of Child **1910**
(Month, day, year) **DECEMBER 11, 1910**

8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Julia Joy Williamson**
17. Color **White** 18. Age at time of THIS birth **25** yrs.
19. Birthplace **Hutchinson Kansas**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child **3**..... (b) Born alive and now living **3**.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of **California**
County of **San Diego** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **MOTHER** of the person whose name appears in Item 4, above, that I am now **57** years of age, that I have known this person for **32** years, and that **Mattie Meeker**, who attended this birth **is now deceased**. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this **1st** day of **June**, 1942
(SEAL) **Thomas F. Harrington** Notary Public, residing at **Emmitas, Cal.**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **JUN 4 1942** by **Mattie Meeker**, Registrar.

3461 0 2 130

JUN 6 1942

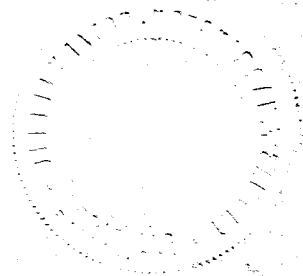
8 NOV

NOV 26 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

433-227-029-464

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **34737-1**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Princeton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Parents home
(e) Mother's stay BEFORE delivery:
IN THIS county 7 years 3 months 27 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Princeton
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Princeton, Idaho

5. Date of Birth of Child
(Month, day, year) October 27, 1910

4. FULL NAME OF CHILD Jessie Verna Utt

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Refua Walter Utt
11. Color White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Delhi, Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Lula Inez Mowalla
17. Color White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Spokane, Washington
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home maker

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 31 years, and that Nancy Kaubman who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
(First name) (Last name) (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this 3rd day of June, 1942
(SEAL) Notary Public Notary Public, residing at Princeton, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

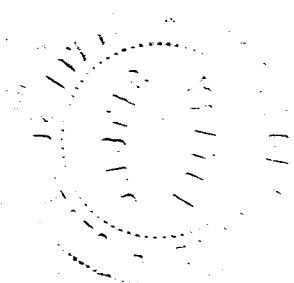
Received for filing on JUN 4 1942 by Marj Tucker Registrar.

1042

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347400

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth Harold Dorcheus Krantz				2. Date (month) (day) (year) February 1, 1910	
	3. Color or Race White	4. Sex Male	5. Place of Birth a. County Culdesac Nez Perce		b. City or Town of Birth Culdesac, Idaho	
FATHER	6. Full Name of Father William Charles Krantz				7. State or Country of Father's Birth Lincoln, Nebraska	
MOTHER	8. Full Maiden Name of Mother Ellen Louise Dorcheus				9. State or Country of Mother's Birth Ogden, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Harold Dorcheus Krantz</i>		11. Present Address of Registrant 75 E. 11th St. Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on <i>March 18</i> 1974			12. Signature of Notary <i>Marcen Johnson</i>		13. Notary Commission expires <i>June 7</i> 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document Statement regarding church records		By whom issued and signed IDS Church, Roy D. Cherry, Ward Clerk	Date issued ----	Date Orig. Entry blessed Oct. 1, 1910
	Date of Birth Feb. 1, 1910	Birth Place Culdesac, Idaho	Full Name of Mother Ellen Dorcheus	Name of Father William Krantz	
SUPPORTING RECORD 2	Type of Document photocopy of application for subscription agreement		By whom issued and signed Idaho Hospital Service, Blue Cross #109111	Date issued Feb. 15, 1956	Date Orig. Entry Feb. 9, 1956
	Date of Birth Feb. 1, 1910	Birth Place ----	Full Name of Mother ---	Name of Father ---	
SUPPORTING RECORD 3	Type of Document photocopy of application for Chauffeur's license		By whom issued and signed Dept. of Law Enforcement State of Idaho (Idaho Falls)	Date issued ---	Date Orig. Entry Mar. 5, 1968
	Date of Birth Feb. 1, 1910	Birth Place ---	Full Name of Mother ---	Name of Father ----	

QUALIFYING INFORMATION			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar <i>Janet M. Wick</i>	Evidence reviewed by gml Glenda Larson	Date Filed JUN 3 1974

Kranta

347400

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Caldesac
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Caldesac
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 16 1/2 yrs.

4. FULL NAME OF CHILD Norah Rose Brantley

3. RESIDENCE OF FATHER (city, state) Caldesac, Idaho
5. Date of Birth of Child (Month, day, year) February 19, 1942

6. Sex male **7. Twin or Triplet** If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9. Legitimate?** yes

FATHER OF CHILD

10. FULL NAME William Charles Brantley
11. Color or Race white **12. Age at time of THIS birth** 23 yrs.
13. Birthplace Lincoln Nebraska
(City or town) (State or foreign country)
14. Exact Occupation Mechanical Foreman
15. Industry or Business Union Pacific R.R.

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen Louise Brantley
17. Color or Race white **18. Age at time of THIS birth** 19 yrs.
19. Birthplace Edgar Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Idaho
County of Bonanza } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 52 years of age, that I have known this person for 34 years, and that Dr. Brantley who attended this birth cannot be found. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Ellen Louise Brantley Signature
..... P. O. Address

Subscr. d sworn to before me this 28 day of May, 1942
(SEAL) W. Brantley Notary Public, residing at Idaho Falls, Id.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1942 by Registrar.

JUL 2 1942

JUN 4 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 33, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

949-220-04-512

347455

347455

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

JUN 9 1942

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 111 E. Idaho St.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 3 years 5 months 20 days

4. FULL NAME OF CHILD

Larena Josephine Ruick

6. Sex

Female

7. Twin or Triplet

No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Norman Melville Ruick

11. Color or Race

White

12. Age at time of THIS birth

56 yrs.

13. Birthplace

Hartford Co. Connecticut

(City or town)

(State or foreign country)

14. Exact Occupation

Lawyer

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Ada

(c) City Boise

(d) Street Address or R.F.D. No. 111 E. Idaho St.

(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

Boise, Idaho

5. Date of Birth of Child

(Month, day, year) May 20, 1910

MOTHER OF CHILD

16. FULL MAIDEN NAME

Lucinda Haskins

17. Color or Race

White

18. Age at time of THIS birth

24 yrs.

19. Birthplace

Reese Kansas

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Ada

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 56 years of age, that I have known this person for 32 years, and that

Dr. George Collister, who attended this birth is now deceased, I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 9th day of June, 1942

(SEAL)

Notary Public, residing at Boise, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

JUN 9 1942

by

Maryl Elder

Registrar.

JUN 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **347465**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Shoshone (b) City Burke
(c) Street Address or R.F.D. No. Gen. Del
(d) Name of Hospital or Maternity Home:
born at home
(e) Mother's stay BEFORE delivery:
IN THIS county x 1 years 1 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Shoshone
(c) City Burke
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Burke, Idaho

4. FULL NAME OF CHILD Cecilia Ruth Wavrick

5. Date of Birth of Child
(Month, day, year) July 19th, 1910

6. Sex Female 7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy regular 9 Legitimate? yes

FATHER OF CHILD

10. FULL NAME Godlieb Wavrick
11. Color white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Ornegg, Pennsylvania
(City or town) (State or foreign country)
14. Exact Occupation miner
15. Industry or Business Lead & Silver mines

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Elizabeth Beutelschies
17. Color white 18. Age at time of THIS birth 26 yrs.
19. Birthplace Buchtel, Ohio
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child.....1 (b) Born alive and now living.....1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's OWN signature
M.D. Midwife Address Date

State of Arkansas ss.
County of Sharp

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4, above, that I am now.....58.....years of age, that I have known this person for.....31.....years, and that Mrs. Anna Wavrick....., who attended this birth.....is now deceased.....I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Bertha Wavrick.....Signature
Hardy, Arkansas.....P. O. Address

Subscribed and sworn to before me this 4 day of May, 1942
(SEAL) [Signature] Notary Public, residing at Hardy, Arkansas

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 6 1942 by Maud [Signature], Registrar.

MAY 4 1972

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States (Be sure the information is as of date of birth of THIS child) State File No.....
 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.....
 Bureau of the Census STATE OF IDAHO Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Shangville</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Born at home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>3</u> years <u>8</u> months <u></u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Shangville</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>40</u> yrs.	
4. FULL NAME OF CHILD <u>Helen La Verne Carleton</u>		3. RESIDENCE OF FATHER (city, state) <u>Shangville</u> 5. Date of Birth of Child (Month, day, year) <u>Sept. 25, 1910</u>	
6. Sex <u>girl</u>	7. Twin or Triplet <u></u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Carl Robert Carleton</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>35</u> yrs. 13. Birthplace <u>La Plata Mo.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Hotel Business</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Lenore Randall</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>34</u> yrs. 19. Birthplace <u>Biggs California</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
 23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name)
 (Mother, etc.)
 25. Attendant's **OWN signature** **M.D.** **Midwife** **Address** **Date**

State of Idaho County of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 36 years of age, that I have known this person for 31 years, and that Henry Stockton, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

B. B. Carleton Signature
Shangville, Idaho P. O. Address
 Subscribed and sworn to before me this 11 day of September, 1942
 (SEAL) Henry Fletcher Notary Public, residing at Shangville, Idaho
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 6 1942 by Marj H. Fisher Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 3 1973

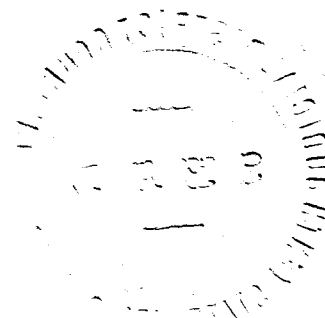
JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DECEASED



DELAYED

295-109-225617

347476

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Ferdinand
(c) Street Address or R.F.D. No. 5 miles north
(d) Name of Hospital or Maternity Home:
born at home of the parents
(e) Mother's stay **BEFORE** delivery:
IN THIS county 12 years 3 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Ferdinand
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
3. RESIDENCE OF FATHER (city, state) Ferdinand, Ida.

4. FULL NAME OF CHILD Alvin Robert Kincaid
6. Sex Male
7. Twin or Triplet Triplet
8. No. months of Pregnancy 9
9. Legitimate? Yes

5. Date of Birth of Child
(Month, day, year) Dec. 9, 1910

FATHER OF CHILD

10. FULL NAME Elmo William Kincaid
11. Color or Race white **12. Age at time of THIS birth** 25 yrs.
13. Birthplace Palouse, Washington
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Wagner
17. Color or Race white **18. Age at time of THIS birth** 29 yrs.
19. Birthplace Wichita, Kansas
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at..... 7 A.M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mrs. E. W. Kincaid, who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature [Signature] **M.D.**.....
Midwife..... **Address**..... **Date**.....
State of Idaho County of Donner } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 37 years, and that Mrs. Ashenbrenner, who attended this birth is now deceased, deceased and further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. E. W. Kincaid Signature
Mrs. E. W. Kincaid
325 South Boyer, Sandpoint, Idaho P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....
(SEAL) [Signature] Notary Public, residing at Sandpoint
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

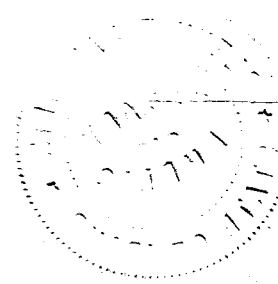
Received for filing on JUN 6 1942 by Mabel J. [Signature] Registrar.

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



268-228-001-638

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **347481**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Boise (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years 1 months days

4. FULL NAME OF CHILD

Addie Pearl Boyce

6. Sex Female 7. Twin or Triplet

If so—born 1st, 2nd, 3rd

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County
(c) City Twin Springs
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

5. Date of Birth of Child (Month, day, year) Jan 28 - 1910

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Reuben Ely Boyce

11. Color white 12. Age at time of THIS birth 32 yrs.

13. Birthplace London - Kendall Co. Texas
(City or town) (State or foreign country)

14. Exact Occupation Placer Mining

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Caroline Ocheltree

17. Color white 18. Age at time of THIS birth 27 yrs.

19. Birthplace Boise - Ada
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California County of San Francisco } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 32 years, and that

Sarah Adeline Boyce, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Reuben E. Boyce Signature
2611 Pine St-San Francisco, Cal. P. O. Address

Subscribed and sworn to before me this 3rd day of June, 19 42

(SEAL) Reamondson Notary Public, residing at San Francisco

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Cal.

Received for filing on JUN 5 1942 by Mabel E. Epler Registrar.

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

347492

539-128-016-141

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Oakley</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Oakley</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>60</u> yrs.	
4. FULL NAME OF CHILD <u>Lano Adams Elison</u>		3. RESIDENCE OF FATHER (city, state) <u>Oakley, Ida.</u> 5. Date of Birth of Child (Month, day, year) <u>Sept. 28, 1910</u>	
6. Sex <u>Male</u> 7. Twin or Triplet <u>Single</u> If so—born <u>1st, 2nd, 3rd</u>		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>John Alfred Elison</u> 11. Color <u>White</u> 12. Age at time of THIS birth <u>30</u> yrs. 13. Birthplace <u>Grantsville, Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Stake Pres., Farming, Gen. Contr.</u> 15. Industry or Business <u>Gen. Contracting</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Emily Adams</u> 17. Color <u>White</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace <u>Oakley, Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>none</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
 (First name) (Last name)
 (Mother, etc.)

25. Attendant's OWN signature Idaho **M.D.** **Address** **Date**
State of.....
County of Cassia } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that Dr. Axel F.O. Nielson who attended this birth.....is now deceased.....I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this.....day of June, 1942
 (SEAL) Mary E. Elison Notary Public, residing at Malta, Idaho
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My com. exp. Jan. 25, 1944.

Received for filing on JUN 5 1942 by Mary E. Elison, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

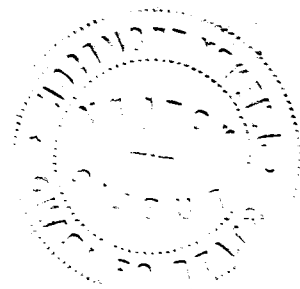
JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **347546**
Local Reg. No. _____
Reg. Dist. No. _____

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH: (a) County <u>Elmore</u> (b) City <u>Glenn's Ferry</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ months _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Elmore</u> (c) City <u>Glenn's Ferry</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>5 Mo's.</u> (f) Mother's mailing address <u>Glenn's Ferry</u>	
4. FULL NAME OF CHILD <u>Glenn John Miller</u>		5. Date of Birth (Month, day, year) <u>4/12/1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Joseph Miller</u>		16. FULL MAIDEN NAME <u>Martha Mary Silkowski</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>40</u> yrs.		18. Age at time of THIS birth <u>20</u> yrs.	
13. Birthplace <u>Flesherton, Ontario, Canada</u> (City or town) (State or foreign country)		19. Birthplace <u>Grand Rapids, Michigan</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Carpenter</u>		20. Exact Occupation <u>house wife</u>	
15. Industry or Business <u>Building trade</u>		21. Industry or Business <u>Home</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>2</u> (c) Born alive and now dead <u>2</u> (d) Stillborn _____			

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)
(born alive, stillborn)

26. (a) JUN 3 1942 (Date received) **(b)** M. J. Miller (Registrar's signature)

25. Attendant's OWN signature _____ **M.D.** _____ (D.O., Midwife, etc.)
and address _____ Date _____

27. Given name added on _____ **by** _____ (Registrar's signature)

State of Wisconsin
County of Oncida } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Martha Miller, being first duly sworn, say that I am related to
Glenn John Miller as Mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Jones, who attended said birth cannot be located (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Martha Miller Signature
Woodruff, Wisconsin P. O. Address

Subscribed and sworn to before me on this 29th day of May

(SEAL)

Georgia Hersh Notary Public, residing at 1942
Tom Clerk Woodruff Oncida County

AUG 13 1957

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife; or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

432-126-036-619

347563

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Oneida (b) City Bohietney
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Home

(e) Mother's stay BEFORE delivery:

IN THIS county 19 years months days

4. FULL NAME OF CHILD

Lew Willard McBride

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME

Willard McBride

11. Color

white

12. Age at time

of THIS birth 30 yrs.

13. Birthplace

Rushfield, Utah

(City or town) (State or foreign country)

14. Exact Occupation

Farming

15. Industry or Business

Farming

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 59 yrs.

3. RESIDENCE OF FATHER (city, state) Bo

5. Date of Birth of Child

(Month, day, year) 1-26-1910

8. No. months

of Pregnancy 9

9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME

Martha Conkrait

17. Color

white

18. Age at time

of THIS birth 19 yrs.

19. Birthplace

Dayton

Idaho

(City or town) (state or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

Industry

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's

OWN signature

Nancy Beckstead Jones

M.D.

Midwife

Address

Dayton

Date

Idaho

State of Idaho

County of BINGHAM

ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that

MANNA BECKSTEAD JONES, who attended this birth.....I further state that

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Martha Ann McBride

Signature

Fort Hall, Idaho

P. O. Address

Subscribed and sworn to before me this.....day of.....19.....

(SEAL)

W. E. Edwards

Notary Public, residing at Dayton, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 4 1942

by

M. J. Miller

Registrar.

JUN 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

493-108'007-866

347572

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Carey
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 16 years months days

4. FULL NAME OF CHILD

Marild Joseph Dilworth

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

6. Sex Male

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine
(c) City Carey
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Carey, Idaho

5. Date of Birth of Child (Month, day, year) December 8-1910

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Joseph Gibson Dilworth

11. Color or Race White 12. Age at time of THIS birth 25 yrs.

13. Birthplace Pross, Utah
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME

Marian Pendleton Howard

17. Color or Race White 18. Age at time of THIS birth 23 yrs.

19. Birthplace St Leonards, England
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housekeeper

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at.....M. on the date (Born alive stillborn)

and at the place stated above, and that personal particulars were furnished by Marian P Dilworth, who is related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Louisa B. Howard M.D. Midwife Address Long Beach, Calif. Date April 3, 42

State of..... } ss.
County of.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that (Mother, etc.)

....., who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-91, Idaho Code, annotated.)

Received for filing on APR 24 1942 by Mary E. Lefler, Registrar.

SEP 17 1973

JUN 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-105-025-395
 United States
 Department of Commerce
 Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **347579**
 Local Reg. No.
 Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
 (a) County Idaho (b) City Clearwater
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home: At Home
 (e) Mother's stay **BEFORE** delivery: IN THIS county 22 years 7 months 7 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 (a) State Idaho (b) County Idaho
 (c) City Clearwater
 (d) Street Address or R.F.D. No.
 (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Clearwater, Idaho

4. **FULL NAME OF CHILD** William Thomas Straugh
 5. Date of Birth of Child (Month, day, year) 4/5/1910
 6. Sex Male 7. Twin or Triplet Yes If so—born 1st, 2nd, 3rd 1st
 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
 10. **FULL NAME** Charles Lawrence Straugh
 11. Color White 12. Age at time of THIS birth 29 yrs.
 13. Birthplace Ohio (City or town) (State or foreign country)
 14. Exact Occupation Farmer
 15. Industry or Business

MOTHER OF CHILD
 16. **FULL MAIDEN NAME** Simira Ruby Srea
 17. Color White 18. Age at time of THIS birth 22 yrs.
 19. Birthplace Grangeville, Idaho (City or town) (State or foreign country)
 20. Exact Occupation Housewife
 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
 23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
 (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature Montana M.D. Meagher Address Date
 State of..... County of..... } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that Dr. Busey, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Simira Ruby Straugh Signature
White Sulphur Springs, Montana P. O. Address

Subscribed and sworn to before me this 28th day of May, 19 42
 (SEAL) James H. Higgins Notary Public, residing at White Sulphur Springs, Montana
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on JUN 5 1942 by Marj E. Evers Registrar.

MAR 10 1975

JUN 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-127.028-863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **347630**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City near Worley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
IN THIS county years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City near Worley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 mo. yrs.

3. RESIDENCE OF FATHER (city, state) Worley, Idaho

4. FULL NAME OF CHILD Archie Alvin Parsons

5. Date of Birth of Child
(Month, day, year) March 27, 1910

6. Sex Male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Robert Parsons
11. Color White 12. Age at time of THIS birth 41 yrs.
13. Birthplace Winchester, Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Josephine Holsten
17. Color White 18. Age at time of THIS birth 36 yrs.
19. Birthplace Linn, Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Carbolic Acid

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 4 A.M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Mr. John R. Parsons who is related to this child as father (First name) (Last name)

25. Attendant's OWN signature L. Blanton M.D. Rockford Address Idaho Date June 4 '42
Midwife

State of ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that

....., who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this day of 19.....
(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1942 by Marj E. Holsten Registrar.

JUN 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

489-229-536-613

347651

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Rockland
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Rockland
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has MOTHER lived in Idaho? 1 1/2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rockland, Ida.
5. Date of Birth of Child
(Month, day, year) Aug. 29, 1910

4. **FULL NAME OF CHILD** MARGARETTA PAULINE UHRICH

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Albert August Uhrich
11. Color White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Bloomington, Nebraska
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Walter Maria Dorothea Magdalena
17. Color White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Frank Christofski, Russia
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2nd. (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature.....M.D. Midwife Address.....Date.....
State of California County of Los Angeles } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now.....53.....years of age, that I have known this person for.....32.....years, and that.....Dr. Knott....., who attended this birth.....is now deceased.....I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this.....at.....day of.....1942
(SEAL) Notary Public Notary Public, residing at.....Alhambra Calif
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

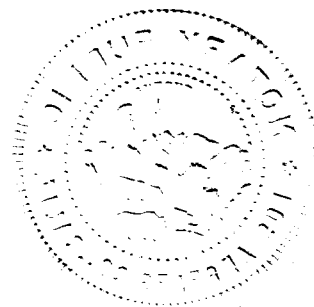
Received for filing on JUN 8 1942 by....., Registrar.

JUN 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



347655

663-295-025-445

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Idaho (b) City P.O. Glenwood
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 21 years months 27 days**4. FULL NAME OF CHILD**Alice Margaret Wolfe**6. Sex** Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

10. FULL NAMEAlbert Wolf**11. Color or Race** white12. Age at time of THIS birth 30 yrs.**13. Birthplace** Rochester, Minn.

(City or town)

(State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Idaho
(c) City P.O. Glenwood
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 10 yrs.**3. RESIDENCE OF FATHER** (city, state) Glenwood, Idaho

5. Date of Birth of Child

(Month, day, year) 2nd 5th 19108. No. months of Pregnancy 99. Legitimate? yes**MOTHER OF CHILD****16. FULL MAIDEN NAME**Mabel Ruth Munro**17. Color or Race** white18. Age at time of THIS birth 21 yrs.**19. Birthplace** Irma, 20, Wisconsin

(City or town)

(State or foreign country)

20. Exact Occupation housewife**21. Industry or Business****22. Name prophylactic used to prevent Ophthalmia Neonatorum** not known**23. Number of children of this mother:** (a) At time of birth and including this child 0 (b) Born alive and now living 4**ATTENDANT'S CERTIFICATE****24. I HEREBY CERTIFY** That I attended the birth of this child, who was Born alive 1 A. M. on the date (Born alive, stillborn)and at the place stated above, and that personal particulars were furnished by Bertha Adams, who is related to this child as mother (First name) (Last name)**25. Attendant's OWN signature** Bertha Adams

M.D.

Midwife

Address Kamiah, IdahoDate May 28, 1942State of Idaho ss.
County of Idaho**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 33 years of age, that I have known this person for 32 years, and thatshe the person, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 18th day of May, 1942

(SEAL)

Notary Public, residing at Marquette, Calif.(Note: Perjury is punishable only in Idaho; See Sec. 17-914, Idaho Code Annotated.)Received for filing on JUN 8 1942

by

Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

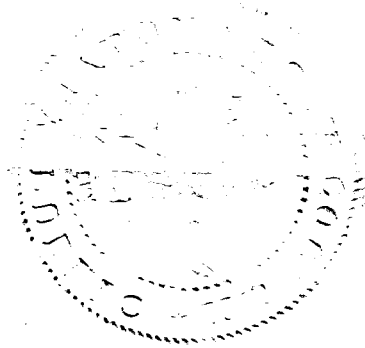
JUN 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DECEASED



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

631-124.031-955

347667

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
JUN 8 1942
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No. 6
Reg. Dist. No. 2

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 14 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Lewis
(c) City Nezperce
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Herold Chester Flatt

5. Date of Birth of Child (Month, day, year) June 24 - 1910

6. Sex Male 7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9 months Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Philip Flatt
11. Color White 12. Age at time of THIS birth 41 yrs.
13. Birthplace Carleton, Ill.
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business on farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Reese
17. Color White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Kansas
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Neomycin 5.0g

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 6 A. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Annies Flatt, who is related to this child as Mother.
(First name) (Last name)

25. Attendant's OWN signature

M.D. Midwife Address

Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for since birth years, and that Dr. Cooper who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annies Flatt Signature
Nezperce, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of June, 19 42.

(SEAL)

Henry W. Smith Notary Public, residing at Nezperce, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 2 - 42 by Albert Huff Registrar.

JUN 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

412-113-029-314

347672

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Booth
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Booth
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 4 yrs.

4. **FULL NAME OF CHILD** JAMES MASON
7. Twin or Triplet
8. Sex MALE
9. Legitimate? YES

3. **RESIDENCE OF FATHER** (city, state) Booth - Idaho
5. Date of Birth of Child
(Month, day, year) Nov - 13 - 1910
6. No. months of Pregnancy 9

FATHER OF CHILD
10. **FULL NAME** JAMES H. MASON
11. Color White 12. Age at time of THIS birth 41 yrs.
13. Birthplace Zanesville Ohio
(City or town) (State or foreign country)
14. Exact Occupation STATIONARY ENGINEER
15. Industry or Business LUMBER

MOTHER OF CHILD
16. **FULL MAIDEN NAME** PEARL B. LAMBERT
17. Color White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Little Falls Minn.
(City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date
State of Washington ss.
County of Spokane

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that Dr. Hansen who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 4 day of June 1942
(SEAL) Ed. Boner Notary Public, residing at Deputy County Auditor
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Pearl B. Mason Signature
602 So Yakima Ave P. O. Address

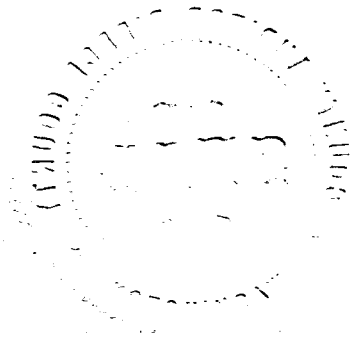
Received for filing on JUN 8 1942 by Marj Hedberg Registrar.

JUN 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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29-206-022-155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

347682
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County FREMONT (b) City EGIN
(c) Street Address or R.F.D. No. R.F.D. # 3
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State IDAHO (b) County FREMONT
(c) City EGIN
(d) Street Address or R.F.D. No. R.F.D. # 3

(e) How long has MOTHER lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

ANGELERN GENEVA BRANSON

5. Date of Birth of Child

(Month, day, year) Sept 6, 1910

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME ABRAHAM BRANSON
11. Color WHITE 12. Age at time of THIS birth 26 yrs.
13. Birthplace OGDEN UTAH
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARGARET ANN JENKINS
17. Color WHITE 18. Age at time of THIS birth 25 yrs.
19. Birthplace EGIN IDAHO
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of MONTANA ss.
County of SILVERBOW

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 31 years, and that

JOHN HUMMEL, who attended this birth DECEASED. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 4th day of June

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Margaret Ann Jenkins Signature
Margaret Ann Branson P. O. Address

Notary Public for the State of Montana
Residing at Butte, Montana

Notary Public, residing at
My Commission expires Jan. 24, 1943.

Received for filing on JUN 8 1942 by M. J. [Signature] Registrar.

JUN 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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289-126-11-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

347687
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boundary (b) City Bannock Ferry
(c) Street Address or R.F.D. No. country
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 3 months 26 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Bannock Ferry
(d) Street Address or R.F.D. No. country
(e) How long has MOTHER lived in Idaho 29 yrs.

4. FULL NAME OF CHILD Allen Lester Shields
6. Sex male
7. Twin or Triplet Triplet
If so—born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) Bannock Ferry, Idaho
5. Date of Birth of Child (Month, day, year) 1/26/1910
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Stephen S. Shields
11. Color White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Forestville, Iowa
(City or town) (State or foreign country)
14. Exact Occupation motion picture mgr.
15. Industry or Business " "

MOTHER OF CHILD
16. FULL MAIDEN NAME Bertha Elsie Larson
17. Color White 18. Age at time of THIS birth 18 yrs.
19. Birthplace Fergus Falls, Minn.
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature [Signature] M.D. Midwife Address _____ Date _____
State of Idaho County of Boundary } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 50 years, and that....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Larson Halladay signature
P.O. Address _____

Subscribed and sworn to before me this 3 day of June, 1942
(SEAL) Helen Borgen Notary Public, residing at Custer
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1942 by [Signature] Registrar.

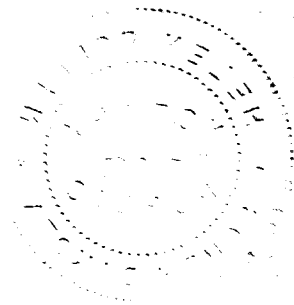
JAN 16 1975

JUN 11 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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962-118-016-669

Amended Certificate

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347728

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth Lee Fay Rose			2. Date of Birth (month) July (day) 18 (year) 1910		
	3. Color or Race White	4. Sex Male	5. Place of Birth a. County Cassia		b. City or Town of Birth Oakley	
FATHER	6. Full Name of Father John W. Rose			7. State or Country of Father's Birth Des Moines, Iowa		
MOTHER	8. Full Maiden Name of Mother Ellen Workman			9. State or Country of Mother's Birth Cherry Creek, Nevada		
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Lee F. Rose</i>		11. Present Address of Registrant 130 N. Garden St. Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on August 3 1971			12. Signature of Notary <i>W. E. Small</i>		13. Notary Commission expires June 27 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document Affidavit by Brother		By whom issued and signed George Leslie Rose born 1896.	Date issued April 27, 1971	Date Orig. Entry --
	Date of Birth July 18, 1910	Birth Place Oakley, Idaho	Full Name of Mother Ellen Workman	Name of Father John William Rose	
SUPPORTING RECORD 2-	Type of Document Life Insurance Policy		By whom issued and signed Beneficial Standard Life Insurance Co., California	Date issued Sept. 8, 1953	Date Orig. Entry Sept 8, 1953
	Date of Birth July 18, 1910	Birth Place Idaho	Full Name of Mother -----	Name of Father -----	
SUPPORTING RECORD 3-	Type of Document Own Child's Birth Certificate		By whom issued and signed on File, Idaho #443939	Date issued	Date Orig. Entry child born Oct 25, 1947
	Date of Birth Age 37	Birth Place Oakley, Idaho	Full Name of Mother -----	Name of Father -----	
QUALIFYING INFORMATION	Certificate of Status, State of Idaho, dated July 23, 1966: Date of Birth July 18, 1910; Place of Birth Oakley, Idaho.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar W. W. Benson		Evidence reviewed by Joyce B. Foltz bf	Date Filed Nov. 24, 1971	

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

347728

347728

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 347728

CERTIFICATE OF BIRTH

Local Reg. No.

STATE OF IDAHO

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home: ---

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. ---

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

(e) How long has MOTHER lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Oakley, Idaho

4. FULL NAME OF CHILD

Leota Rose

5. Date of Birth of Child

(Month, day, year) July 18, 1910

6. Sex Male

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

John W. Rose

11. Color or Race White 12. Age at time of THIS birth 50 yrs.

13. Birthplace Des Moines, Iowa
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME

Ellen Workman

17. Color or Race White 18. Age at time of THIS birth 33 yrs.

19. Birthplace Cherry Creek, Nevada
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was None at M. on the date July 18, 1910
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Dr. Ernest Oldham, who is related to this child as ---
(First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho ss.
County of Cassia

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for all his life years, and that

Dr. Ernest Oldham who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen Workman Rose Signature

Murtaugh, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of June, 1942

(SEAL)

Notary Public Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 6 1942 by Mary Elder Registrar.

JUL 2 1975

JUN 12 1943

NOV 24 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

792-116-028-243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **347779**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County..... **Kootenai** (b) City..... **Athol**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
.....
none
(e) Mother's stay ~~before~~ delivery:
In Hosp. or Mat. Home. days.
In THIS county. **2** years. months. days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State..... **Idaho** (b) County..... **Kootenai**
(c) City..... **Athol**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? **2** years
(f) Mother's mailing address..... **Athol Idaho**
3. **RESIDENCE OF FATHER** (city, state)..... **same**

4. **FULL NAME OF CHILD**..... **William Joseph Gibbens**
5. Date of Birth (Month, day, year)..... **9-16-1910**
6. Sex. **Male** 7. Twin or Triplet **single** If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy **9** 9. Legitimate? **yes**

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|--|-----------------|--|
| 10. FULL NAME William Lester Gibbens | 16. FULL MAIDEN NAME Alma Elizabeth Kutschka | | |
| 11. Color or Race White 12. Age at time of THIS birth. 22 yrs. | 17. Color or Race White 18. Age at time of THIS birth. 18 years | | |
| 13. Birthplace..... Franklin Penna.
(City or town) (State or foreign country) | 19. Birthplace..... Benson Minnesota
(City or town) (State or foreign country) | | |
| 14. Exact Occupation..... Driving team. Laborer | 20. Exact Occupation..... housewife | | |
| 15. Industry or Business..... Hauling wood. | 21. Industry or Business..... | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum **not known**
23. Number of children of this mother: (a) At time of birth and including this child. **1** (b) Born alive and now living. **1**
(c) Born alive and now dead. (d) Stillborn.

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... **born**..... at **12:30 P.**..... M. on the date **12**..... of **September**..... 1942.
(born ~~born~~ stillborn) (Month, day, year)
and at the place stated above, and that personal particulars were furnished by..... **known** (Mother) **affiant**
related to this child as..... **Mother** (First name) (Last name)
.....
26. (a) **JUN 9 1942** (b) **Alma E. Moeller**
(Date received) (Registrar's signature)
27. Given name added on..... by.....
(Registrar's signature)
25. Attendant's **Attendant not remembered**
OWN signature..... M.D. or.....
(D.O., Midwife, etc.)
and address..... Date.....

State of **Washington** } ss.
County of **King** }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, **Alma Elizabeth Moeller**, being first duly sworn, say that I am..... **the Mother** of **William Joseph Gibbens** as.....
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... **not remembered**....., who attended said birth..... **believed deceased**..... and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this **4th** day of **June**---1942
(SEAL) **B. R. Kibler** Notary Public, residing at **Enumclaw**

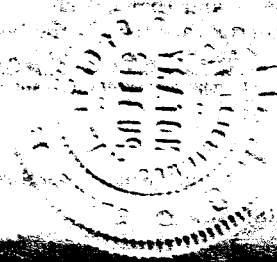
Alma E. Elizabeth Moeller Name
Enumclaw Wash...... P. O. Address

JUN 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

242-117-036-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347784
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No. Samrock St.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county 33 years months days

4. FULL NAME OF CHILD

Jay C. Clair Bush

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Robert Thomas Bush
11. Color White 12. Age at time of THIS birth 41 yrs.
13. Birthplace Malad Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Oneida
(c) City Malad City
(d) Street Address or R.F.D. No. Samrock St.
(e) How long has MOTHER lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state)

Malad Idaho
5. Date of Birth of Child (Month, day, year) March 17, 1918

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Williams
17. Color White 18. Age at time of THIS birth 41 yrs.
19. Birthplace San Francisco California (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 2:00 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mary Bush, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Oneida ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 33 years of age, that I have known this person for 33 years, and that Mary Bush who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 29th day of May 1942

(SEAL)

Notary Public, residing at Malad Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1942 by Mary H. H. H. Registrar.

JUN 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

966-212,043-415

347791

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (At time of this birth)
(a) County Boise Valley (b) City McCall
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
IN THIS county 22 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise Valley
(c) City McCall
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 22 yrs.

4. **FULL NAME OF CHILD** Minnie Violet Rowland

3. **RESIDENCE OF FATHER** (city, state) McCall Idaho
5. Date of Birth of Child
(Month, day, year) June 12-1910

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Arthur Lee Rowland
11. Color white 12. Age at time of THIS birth 45 yrs.
13. Birthplace Elgin County, Colo.
(City or town) (State or foreign country)
14. Exact Occupation carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Belle Davis
17. Color white 18. Age at time of THIS birth 36 yrs.
19. Birthplace Phillips Co. Kansas
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho County of Boise ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 32 years, and that Dr. Johnson who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dwney Hanson Rowland Signature
McCall, Idaho O. Address

Subscribed and sworn to before me this 6th day of June, 1942
(SEAL) Helga M Cook Notary Public, residing at McCall, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 10 1942 by M. H. H. H. Registrar.

JUN 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

285-228.005-312

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **347793**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City St. Maries
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery:
IN THIS county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City St. Maries
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs. yes.

3. RESIDENCE OF FATHER (city, state) St. Maries Ida.

4. FULL NAME OF CHILD Blanche Lorraine Byers

5. Date of Birth of Child
(Month, day, year) July 28 - 1918

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 1st.

8. No. months of Pregnancy X 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Curtis John Byers
11. Color white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Boise City Minn.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie Belle Case
17. Color white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Brownsville S.C.
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who wasatM. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature where birth unknown M.D. Midwife Address Date

State of Idaho ss.
County of Bonner

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for since birth years, and that she is residing who attended this birth. X I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Belle Case (Byers) Signature
56 18 - 22 N.W. Seattle Wash. P. O. Address

Subscribed and sworn to before me this 6th day of June, 1942
(SEAL) Ruby C. Lampman Notary Public, residing at Seattle, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

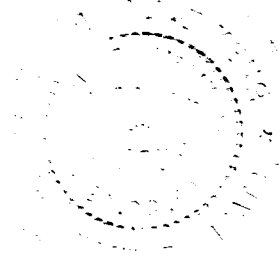
Received for filing on JUN 10 1942 by Mabel Freeman Registrar.

JUN 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Received for filing on JUN 10 1942 by Walter E. [illegible], Registrar.

JUN 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

689-213-006-884

347854

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bingham (b) City Basalt
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Home in Basalt
(e) Mother's stay BEFORE delivery:
IN THIS county appx years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Bingham
(c) City Basalt
(d) Street Address or R.F.D. No. At age 40
(e) How long has MOTHER lived in Idaho? supers yrs.

3. RESIDENCE OF FATHER (city, state) Basalt Idaho

5. Date of Birth of Child
(Month, day, year) Feb 13, 1910

4. FULL NAME OF CHILD Ina Effie Whitmill

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Courtland Whitmill
11. Color white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Salt Lake City Utah
(City or town) (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Gen. Merchandise

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Jane Hymas
17. Color white 18. Age at time of THIS birth 31 yrs.
19. Birthplace Salt Lake County Utah
(City or town) (State or foreign country)
20. Exact Occupation Housekeeping
21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at Basalt M. on the date Feb 13, 1942 and at the place stated above, and that personal particulars were furnished by Geo. C. Whitmill, who is related to this child as Father (First name) (Last name)

25. Attendant's OWN signature Edwin Carter M.D. Midwife Address Shelley, Ida. Date 6-4-42

State of Idaho County of Bingham ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that Dr. Carter who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Georle Whitmill Signature

670 W. Judicial Bldg. Basalt, Ida. Address

Subscribed and sworn to before me this 15th day of May, 1942
(SEAL) George Hymas Notary Public, residing at Shelley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on MAY 18 1942 by Marj E. Carter Registrar.

JUN 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

456-220-24-312

347861

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 811 Cleveland Blvd.
(d) Name of Hospital or Maternity Home:
At usual residence, item #2
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 811 Cleveland Blvd.
(e) How long has MOTHER lived in Idaho? 9 yrs.

4. FULL NAME OF CHILD Margaret Marie Dew.

5. Date of Birth of Child
(Month, day, year) Sept. 20, 1910.

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd X 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME George Addison Dew.
11. Color White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Manchester-by-the-sea, Mass.
(City or town) (State or foreign country)
14. Exact Occupation Dept. Auditor, Canyon County, Idaho
15. Industry or Business -----

MOTHER OF CHILD
16. FULL MAIDEN NAME Maria Henrietta Cass
17. Color White 18. Age at time of THIS birth 39 yrs.
19. Birthplace Melrose, Mass.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -----

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon County of Benton } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 31 years, and that John Myer M.D. who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Addison Dew Signature
504-N-17th St., Corvallis, Oregon. P. O. Address

Subscribed and sworn to before me this 22 day of Sept., 1942
(SEAL) James H. Haddock Notary Public, residing at Corvallis, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) COMMISSION EXPIRES JULY 11, 1943

Received for filing on JUN 8 1942 by Marj 14 Dew Registrar.

JUN 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **347882**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **Twin Falls** (b) City **Twin Falls**
(c) Street Address or R.F.D. No. **512-5th Ave. W.**
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **Idaho** (b) County **Twin Falls**
(c) City **Twin Falls**
(d) Street Address or R.F.D. No. **512-5th Ave. W.**
(e) How long has MOTHER lived in Idaho? **1 1/2** yrs.
3. **RESIDENCE OF FATHER** (city, state) **Twin Falls, Ida.**
5. Date of Birth of Child
(Month, day, year) **Nov. 19, 1910**

4. **FULL NAME OF CHILD** **Fern Ethel Wirth**

6. Sex **Female** 7. Twin or Triplet **Triplet** If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD

10. **FULL NAME** **Herbert Franklin Wirth**
11. Color **White** 12. Age at time of THIS birth **33** yrs.
13. Birthplace **Three Oaks, Mich.**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business **Farming**

MOTHER OF CHILD

16. **FULL MAIDEN NAME** **Clara Mabel Wirth**
17. Color **White** 18. Age at time of THIS birth **28** yrs.
19. Birthplace **Gallien, Mich.**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business **Housewife**

22. Name prophylactic used to prevent Ophthalmia Neonatorum **?**
23. Number of children of this mother: (a) At time of birth and including this child **3** (b) Born alive and now living **3**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature **M.D.** Address Date
Midwife

State of **Idaho** } ss.
County of **Twin Falls**

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4, above, that I am now **59** years of age, that I have known this person for **31** years, and that Dr. **Hubert Wilson** who attended this birth **is now deceased** I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this **8TH** day of **June** 19**42**
(SEAL) **Notary Public, residing at** **Boise, Idaho**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **JUN 9 1942** by **Mabel H. ...** Registrar.

JUN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

695-215036-632
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

347888

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County... Oneida (b) City... Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home... days.
In **THIS** county... 4 years... months... days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State... Idaho (b) County... Oneida
(c) City... Malad City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?... 36 yrs.
(f) Mother's mailing address... Malad, Idaho
3. **RESIDENCE OF FATHER** (city, state) Malad, Ida.

4. **FULL NAME OF CHILD** Anna Lois Fredrickson (~~Warner~~)
5. Date of Birth July 15th.
(Month, day, year) 1910
6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo 9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|---|-----------------|--|
| 10. FULL NAME <u>John Franklin Fredrickson</u> | 16. FULL MAIDEN NAME <u>Olson</u> | | |
| 11. Color <u>white</u> 12. Age at time of THIS birth <u>29</u> yrs. | 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>28</u> years | | |
| 13. Birthplace... <u>Malad City, Idaho</u>
(City or town) (State or foreign country) | 19. Birthplace... <u>Logan, Utah</u>
(City or town) (State or foreign country) | | |
| 14. Exact Occupation <u>Abstracter; Livestock & Ranches</u> | 20. Exact Occupation <u>housewife</u> | | |
| 15. Industry or Business | 21. Industry or Business | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child... 2 (b) Born alive and now living... 2 (c) Born alive and now dead... 1 (d) Stillborn... none

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

26. (a) JUN 9 1942 (b) [Signature]
(Date received) (Registrar's signature)
25. Attendant's OWN signature.....M.D. or.....
(D.O., Midwife, etc.)
27. Given name added on.....by.....and address.....
(Registrar's signature) Date

State of... Idaho }
County of... Oneida } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, J. F. Fredrickson, being first duly sworn, say that I am... related to Anna Lois Fredrickson Warner her Father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the lady (Name of attendant at birth)
and the Doctor has long since moved away who attended said birth. is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 8th. day of June 1942.
(SEAL) [Signature] Notary Public, residing at Malad, Idaho

JUN 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of _____ Certificate No. **347888**
County of _____ Date Filed _____

RECEIVED
MAR 18 1969
The undersigned does solemnly swear that certain facts stated on the certificate of **birth**
for **Anna Lios Fredrickson** who **was born** on **July 15, 1910**
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in **at Home** are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by _____ prepared on _____, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED **FROM** **TO**
("Name," "Birth Date," "Cause of Death," Etc.) (As on Original) (The Correct Facts)
Middle name misspelled **Lios** **Lois**

Subscribed and sworn to before me this **17th** day of **March**, 19**69**

Notary Public, residing at **Empire Bank**
My commission expires **5/19/71**
(Seal)

X Signed **Anna Lois Warner**
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____

Signed _____
(Signature of Any Credible Person)

Notary Public, residing at _____
My commission expires _____
(Seal)

(Street Address, City, State)

Family Record from Family bible gives name as Anna Lois Fredrickson born July 15, 1910 in Malad, Idaho. Father - John Franklin Fredrickson. Mother - Mary Lovean Olson.
Viewed by V.S.

APR 9 1969

Marriage license issued Sept. 1, 1931 gives name as Anna Lois Fredrickson married Sept 4, 1931. License issued by County of Oneida, Idaho.
Viewed by V.S.

Attorney General called about this on April 9, 1969. Anna Fredrickson had called him and wanted to know why she hadn't heard from us. Teresa had sent a correction affidavit out and the lady had returned her documents as instructed. Correction made. 4-9-69

452-710-095-689
JUN 16 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

347914 347914
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Lincoln
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Home
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Lincoln
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 5 yrs.

4. **FULL NAME OF CHILD** Lloyd Rufus West
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

3. **RESIDENCE OF FATHER** (city, state) Lincoln, Idaho
5. Date of Birth of Child (Month, day, year) 6/16/10

FATHER OF CHILD
10. **FULL NAME** Irving D. West
11. Color White 12. Age at time of THIS birth 23 yrs.
13. Birthplace Pleasant Grove, Utah
(City or town) (State or foreign country)
14. Exact Occupation Stationery Engineer
15. Industry or Business Food Industry

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Laura Rebecca Whimpey
17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Scotsfield, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housemaid
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** [Signature] M.D. [Signature] Address [Signature] Date [Signature]
State of Idaho County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 23 years of age, that I have known this person for 32 years, and that Mrs. - Kimberly, who attended this birth deceased I further state that (Is now deceased) or (Cannot be located)
(First name) (Last name)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires Oct. 7, 1942

Subscribed and sworn to before me this 13 day of June, 1942
(SEAL) [Signature] Notary Public, residing at Pleasant Grove
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by Mary E. Elder Registrar.

JUN 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

366-119-023 JUN 16 1942

347914

347919
340

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. 6

1. PLACE OF BIRTH:

(a) County Idem (b) City Emmett
(c) Street Address or R.F.D. No. Gen Del.
(d) Name of Hospital or Maternity Home: at Home

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home 12 days.

In THIS county _____ years _____ months _____ days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Idem
(c) City Emmett
(d) Street Address or R.F.D. No. R 2
(e) How long has MOTHER lived in Idaho? 32 yrs.
(f) Mother's mailing address (For registration notice):
R 2, Boise Idaho
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Emmy Alexander Cook

5. Date of Birth 10/19/1910
(Month, day, year)

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy _____ 9. Legitimate? _____

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Myron Cook

16. FULL MAIDEN NAME Helen Fidelia Cook

11. Color or Race white 12. Age at time of THIS birth 81 yrs.

17. Color or Race White 18. Age at time of THIS birth 22 yrs.

13. Birthplace Lincoln Kans
(City or Town) (State or foreign country)

19. Birthplace Lincoln Kansas
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

20. Exact Occupation House wife

15. Industry or Business _____

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1 % Silver

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn non

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at _____ M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Helen Fidelia Cook, who is
(First name) (Last name)

related to this child as Mother
(Mother, etc.)

26. (a) 3/17/42 (b) J. B. Reynolds
(Date received) (Registrar's signature)

25. Attendant's OWN signature J. B. Reynolds M.D.
(D.O., Midwife, etc.)

27. Given name added on _____ by J. B. Reynolds
(Registrar's signature)

and address Emmett Ida Date 3-17-42

MAY 12 1970

JUN 16 1972

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

168-208042-755

347926

347926

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

JUN 17 1942

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Twin Falls</u> (b) City <u>Twin Falls</u> (c) Street Address or R.F.D. No. <u>3rd Ave E</u> (d) Name of Hospital or Maternity Home: <u>at home - 3rd Ave E</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Twin Falls</u> (c) City <u>Twin Falls</u> (d) Street Address or R.F.D. No. <u>3rd Ave E</u> (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>Helena Elizabeth Johnston</u>		5. Date of Birth of Child (Month, day, year) <u>Dec 8 1910</u>	
6. Sex <u>female</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>J Paul Johnston</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>32</u> yrs. 13. Birthplace <u>London Ohio</u> (City or town) (State or foreign country) 14. Exact Occupation <u>barber</u> 15. Industry or Business <u>shop</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Anna Louise Penberthy</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>28</u> yrs. 19. Birthplace <u>Adrian Minn.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Ada

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 54 years of age, that I have known this person for 21+ years, and that John C. Penberthy, who attended this birth deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Louise Johnston Signature
Boise 909 Fort P. O. Address

Subscribed and sworn to before me this 14 day of June, 1942
(SEAL) Marion E. Orr Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

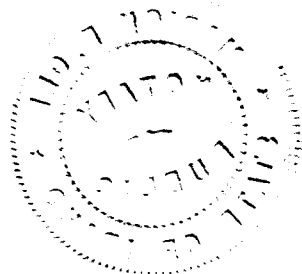
Received for filing on JUN 17 1942 by Marion E. Orr, Registrar.

JUN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



644-128-006-285

347733

347933

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
At home
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Idaho

4. FULL NAME OF CHILD

Frederick William Fudge

7. Twin or Triplet If so—born
1st, 2nd, 3rd

6. Sex M

5. Date of Birth of Child, Idaho
(Month, day, year) March 28, 1910
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ora E. Fudge
11. Color White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Marne, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Cecilia Shearer
17. Color White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Lewis, Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date March 28, 1910
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mrs. O. E. Fudge, who is related to this child as Mother
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature O. E. Fudge M.D. Address Date
Midwife

State of Idaho ss.
County of Bonneville

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for Life years, and that Dr. S. S. Fuller, who attended this birth Address unknown I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. O. E. Fudge Signature
729-10th St. Idaho Falls, Ida. P. O. Address

Subscribed and sworn to before me this 5 day of May, 1910
(SEAL) Ed. J. Bennett Notary Public, residing at Idaho Falls, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

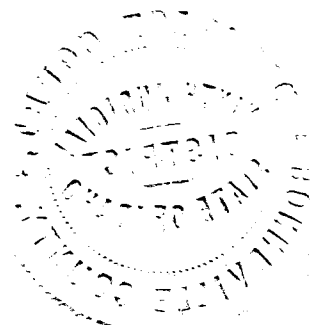
Received for filing on JUN 16 1942 by Mary Elder Registrar.

JUN 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

967-104-009-319

347935

347935

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County..... (b) City Sandpoint
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?.....yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Roy Rognan
5. Date of Birth of Child
(Month, day, year) Apr. 4, 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** John Earling Rognan
11. Color White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Norway
(City or town) (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Alma Helmina Larson
17. Color White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Mason, Wisconsin
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature California M.D. Address Date
Los Angeles Midwife
State of..... County of..... } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for since birth years, and that Doctor Page, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alma Helmina Rognan Signature
P. O. Address
Subscribed and sworn to before me this 12 day of June, 1942
(SEAL) A. H. Harns Notary Public, residing at Los Angeles, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

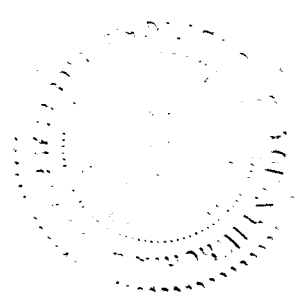
Received for filing on JUN 16 1942 by Mary Elder Registrar.

JUN 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

345-118-019-993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **347950**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Custer (b) City Challis
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay BEFORE delivery:
IN THIS county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Custer
(c) City Challis
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Challis, Idaho

4. FULL NAME OF CHILD

Henry Donald Cunningham

5. Date of Birth of Child

(Month, day, year) March 18, 1910

6. Sex Male 7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Francis Cunningham
11. Color White 12. Age at time of THIS birth 20 yrs.
13. Birthplace Custer, Wyoming
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Consuelo Richards
17. Color White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Boise, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 4:30 P. M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Consuelo Cunningham, who is related to this child as mother (First name) (Last name)

25. Attendant's OWN signature Holly Elder

~~Midwife~~
Midwife

Address 317 N. 8th St. Boise Idaho Date June 1, 1942

State of ss.
County of

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that

....., who attended this birth I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this day of 19.....

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by Mabel Elder Registrar.

JUN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

168-204-042-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **347981**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 200 Bl. Fourth Ave. N.
(d) Name of Hospital or Maternity Home: In own home
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 200 Bl. Fourth Ave. N.
(e) How long has MOTHER lived in Idaho? 3 yrs 7 mos.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Ida.

4. FULL NAME OF CHILD Nathryn Irene Johnson

5. Date of Birth of Child
(Month, day, year) Oct. 4-1910

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Andrew Johnson
11. Color White 12. Age at time of THIS birth 37 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Electrician
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mattie Bergesen
17. Color White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Sandwich, Ill. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of California County of San Bernardino } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for years, and that Dr. Homer D.O. who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 6th day of June, 1942.
(SEAL) Clara J. Westlund Notary Public, residing at 311 N. Flaming Ave.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Ontario

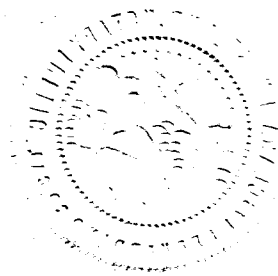
Received for filing on JUN 12 1942 by Maud Trellier Registrar.

JUN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope carrying FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

766-205-009-165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

347990

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. Huron
(d) Name of Hospital or Maternity Home:

Born in our residence

(e) Mother's stay BEFORE delivery:

IN THIS county years months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. Huron St.
(e) How long has MOTHER lived in Idaho? 4 1/2 yrs.

3. RESIDENCE OF FATHER (city, state)

Sandpoint, Idaho.

4. FULL NAME
OF CHILD

Dorothy Mildred Cook

5. Date of Birth of Child

(Month, day, year) Oct. 5th 1910

6. Sex

Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL
NAME

Bolivar Clarence Cook

11. Color
or Race

White

12. Age at time
of THIS birth 39 yrs.

13. Birthplace

Canton

Miss.
(City or town) (State or foreign country)

14. Exact
Occupation

Pastor of Baptist Church

15. Industry or
Business

Minister

MOTHER OF CHILD

16. FULL MAIDEN
NAME

Martha Sylvia Jones

17. Color
or Race

White

18. Age at time
of THIS birth 32 yrs.

19. Birthplace

Dallas

Oregon
(City or town) (State or foreign country)

20. Exact
Occupation

Housewife.

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by , who is
related to this child as (First name) (Last name)

(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife

Address

Date

State of Idaho }
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4, above, that I am now 64 years of age, that I have known this person for 32 years, and that

....., who attended this birth X I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before this 8th day of June, 1942

(SEAL)

May Bolton

Notary Public, residing at 7142 Summit

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 12 1942 Notary Public, Bonner County, Texas

Marcel E. Eiler, Registrar.

JAN 13 1955

JUN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **348026**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bonner (b) City Spirit Lake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: birth at home
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bonner
(c) City Spirit Lake
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Spirit Lake, Idaho

4. FULL NAME OF CHILD

William Henry Sythoff

6. Sex male

7. Twin or Triplet

If sex born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

10. FULL NAME

Ottowaugh Sythoff

11. Color or Race white

12. Age at time of THIS birth 32 yrs.

13. Birthplace

Manistee Michigan
(City or town) (State or foreign country)

14. Exact Occupation

Worker in railroad shops

15. Industry or Business

16. FULL MAIDEN NAME

Laura Lucinda Armstrong

17. Color or Race white

18. Age at time of THIS birth 34 yrs.

19. Birthplace

Blanchard Michigan
(City or town) (State or foreign country)

20. Exact Occupation

house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 6 A. M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Laura Armstrong, who is related to this child as Mother (First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Colorado ss.
County of Jefferson

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 31 years, and that the doctor who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Laura Sythoff Kelley Signature
Wheatridge Colorado P. O. Address

Subscribed and sworn to before me this third day of June, 1942
(SEAL) Marques Johnson Notary Public, residing at Arden Col

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code. Commission expires November 8, 1944)

Received for filing on JUN 11 1942 by Marj H. H. H. Registrar.

JUN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if ~~neither father or mother of the child is living or accessible~~, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

493 211035 995

348040

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Southwold</u> (c) Street Address or R.F.D. No. <u>born at home</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery IN THIS county <u>0</u> years <u>3</u> months <u>0</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nesbitt</u> (c) City <u>Southwold</u> (d) Street Address or R.F.D. No. <u>street no.</u> (e) How long has MOTHER lived in Idaho <u>3</u> yrs.	
4. FULL NAME OF CHILD <u>Ruth Vera Michael</u>		3. RESIDENCE OF FATHER (city, state) <u>Idaho</u>	
6. Sex <u>female</u>		5. Date of Birth of Child (Month, day, year) <u>June 17-1910</u>	
7. Twin or Triplet <u>No</u>		8. No. months of Pregnancy <u>9</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Harry Michael</u>		16. FULL NAME <u>Myrtle Maggie John</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>26</u> yrs.		18. Age at time of THIS birth <u>23</u> yrs.	
13. Birthplace <u>West Virginia</u>		19. Birthplace <u>West Virginia</u>	
14. Exact Occupation <u>farmer</u>		20. Exact Occupation <u>farmer</u>	
15. Industry or Business <u>farmer</u>		21. Industry or Business <u>farmer</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum A
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature Myrtle Maggie Michael **M.D.** **Midwife** **Address** **Date**

State of Idaho County of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4 above, that I am now 53 years of age, that I have known this person for 32 years, and that Myrtle Maggie Michael, who attended this birth cannot be located, further state that (Is now deceased, or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle Maggie Michael Signature
P. O. Address

Subscribed and sworn to before me this 19 day of May, 1942
(SEAL) Myrtle Maggie Michael Notary Public, residing at Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 11 1942 by Myrtle Maggie Michael Registrar.

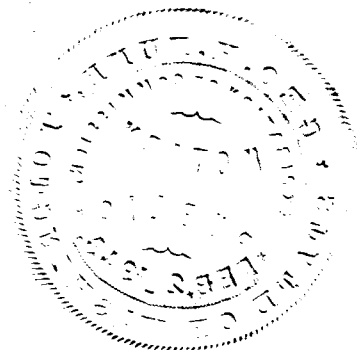
JUN 17 1942

JAN 9 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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363-213044 866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **348042**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home

(e) Mother's stay BEFORE delivery:

IN THIS county 2 years months days

4. FULL NAME OF CHILD

Leona Mary Cochran

6. Sex 7 M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

10. FULL NAME

James Franklin Cochran

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace

(City or town) Dulcaine (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 2 yrs

3. RESIDENCE OF FATHER (city, state) Weiser Idaho

5. Date of Birth of Child

(Month, day, year) July 13 - 1910

8. No. months of Pregnancy 9

9. Legitimate? Yes

16. FULL MAIDEN NAME

Stella M. McHaffey

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace

(City or town) Cambridge Ohio (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Washington } ss.
County of Washington

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 28 years of age, that I have known this person for all her life years, and that

Dr. C. B. Shirley who attended this birth. is now deceased I further state that

(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Franklin Cochran Signature
P. O. Address

Subscribed and sworn to before me this 2nd day of June, 1942

(SEAL)

Notary Public, residing at Weiser

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 11 1942 by Marjorie Registrar.

JUN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

349 102-028-367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **348062**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Kootenai</u> (b) City <u>Harrison</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>15</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>of Kootenai</u> (c) City <u>Harrison</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>15</u> yrs.	
4. FULL NAME OF CHILD <u>Daniel Vincent Turner</u>		3. RESIDENCE OF FATHER (city, state) <u>Harrison, Ida</u> 5. Date of Birth of Child (Month, day, year) <u>Aug. 2, 1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>Triplet</u>	8. No. months <u>seventh</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Harry Turner</u>		16. FULL MAIDEN NAME <u>Pearl Josephine Copsey</u>	
11. Color <u>White</u>	12. Age at time of THIS birth <u>27</u> yrs.	17. Color <u>White</u>	18. Age at time of THIS birth <u>29</u> yrs.
13. Birthplace <u>Rockford, Washington</u> (City or town) (State or foreign country)		19. Birthplace <u>Beaver City, Nebraska</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Engineer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Lake Navigation</u>		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>7th</u> (b) Born alive and now living <u>7</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 10:40P.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Pearl Copsey, who is related to this child as mother (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____
Midwife _____

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Kootenai }

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 51 years, and that Mary Copsey, who attended this birth, an invalid I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Copsey Pearl Josephine Copsey Turner
June 21 1942 1718 Park #1 Coeur d'Alene, Ida P.O. Address
Subscribed and sworn to before me this 8th day of June, 1942, Ida
(SEAL) Robert H. Hadden Notary Public, residing at Coeur d'Alene
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code.)

Received for filing on JUN 10 1942 by Mary J. Hadden Registrar.

JUL 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certi-
cate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge
for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

435-214004-669-

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

348095
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

OCT 13 1941

1. PLACE OF BIRTH (a) County <u>Bear Lake</u> (b) City <u>Montpelier</u> (c) Street Address or R.F.D. No. <u>U.S. Post Office</u> (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home <u>no</u> days. IN THIS county _____ years <u>6</u> month _____ days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bear Lake</u> (c) City <u>Montpelier</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>6</u> yrs. (f) Mother's mailing address <u>Montpelier</u>	
4. FULL NAME OF CHILD <u>Lillian Edith McNeilis</u>		5. Date of Birth (Month, day year) <u>1 - 14 - 1910</u>	
6. Sex <u>female</u>	7. Twin or Triplet _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Thos. Ross McNeilis</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>27</u> yrs. 13. Birthplace <u>Lancashire England</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Salesman</u> 15. Industry or Business <u>none</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Lillie Edith Ford</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>24</u> yrs. 19. Birthplace <u>Denver Colorado</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business <u>none</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Argyrol</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>5</u> (c) Born alive and now dead <u>1</u> (d) Stillborn <u>none</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>Born alive</u> M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)			
26. (a) <u>OCT 13 1941</u> (Date received) <u>M. H. Eiler</u> (Registrar's signature)		25. Attendant's OWN signature <u>M. H. Eiler</u> M.D. and address <u>Montpelier Ida.</u> (P.O. address, etc.) <u>10/22/41</u>	
27. Given name added on _____ by _____ (Registrar's signature)			

State of _____ } ss.
County of _____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H. H. Eiler (Name of attendant at birth) who attended said birth is now deceased (or) cannot be located and that this birth has not been previously recorded.

Mrs. Lillian Swertell Mother Signature
P. O. Address _____

Subscribed and sworn to before me on this 3rd day of Oct 1941
(SEAL) B. E. Eiler Notary Public, residing at Danville Ill

JUL 26 1989

JUN 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

613-126-014 813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

State File No. **348136**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Parma
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay BEFORE delivery:
IN THIS county years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

**4. FULL NAME
OF CHILD**

Marion Marcellus Watson

5. Date of Birth of Child

(Month, day, year) Sept 26 1910

6. Sex male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Marion Bluford Watson
11. Color white 12. Age at time
or Race of THIS birth 44 yrs.
13. Birthplace Engle, Oregon
(City or town) (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business Confectionery

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Candace Hatcher
17. Color white 18. Age at time
or Race of THIS birth 21 yrs.
19. Birthplace Longsight, Washington
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho ss.
County of Idaho

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 52 years of age, that I have known this person for 91 years, and that
Dr. Chen who attended this birth dead I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 15 day of May, 1942

(SEAL)

Notary Public, residing at Bozeman

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1942 by Marion Hatcher, Registrar.

JUN 14 1973

JUN 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

349-110-003-231

348166

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County BANNOCK (b) City POCATELLO
(c) Street Address or R.F.D. No. 444 WEST 4 AVE
(d) Name of Hospital or Maternity Home:
BORN AT HOME
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years 3 months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County BANNOCK
(c) City POCATELLO
(d) Street Address or R.F.D. No. 444 WEST 4 AVE
(e) How long has MOTHER lived in Idaho? 2 yrs 3 mos

3. RESIDENCE OF FATHER (city, state) POCATELLO, IDAHO

4. FULL NAME
OF CHILD

MARCUS WAYNE TURK

5. Date of Birth of Child

(Month, day, year) May 10, 1942

6. Sex MALE 7. Twin or Triplet ---

If so—born
1st, 2nd, 3rd ---

8. No. months
of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME OSCAR HERMAN TURK
11. Color WHITE 12. Age at time
or Race WHITE of THIS birth 22 yrs.
13. Birthplace CRESTON IOWA
(City or town) (State or foreign country)
14. Exact Occupation R.R. SWITCHMAN
15. Industry or Business 11

MOTHER OF CHILD

16. FULL MAIDEN NAME VIRGINIA MELVORA STAMPS
17. Color WHITE 18. Age at time
or Race WHITE of THIS birth 17 yrs.
19. Birthplace KANSAS CITY MISSOURI
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business 11

22. Name prophylactic used to prevent Ophthalmia Neonatorum ARGYROL

23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at 8:15 A.M. on the date May 10, 1942
(Born alive, stillborn) (First name) (Last name)
and at the place stated above, and that personal particulars were furnished by Virginia Turk, who is related to this child as Mother.
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Mrs Harry Saline M.D. --- Address Colton Calif Date 6-12-42
Midwife

State of Calif. ss.
County of Colton

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the --- of the person whose name appears in Item 4, above, that I am now --- years of age, that I have known this person for --- years, and that ---, who attended this birth, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this --- day of ---, 1942.

(SEAL)

Notary Public, residing at ---

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by Marcus Wayne Turk, Registrar.

JUN 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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619-207010-815

348176

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
-STATE OF IDAHO

State File No. **348176**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County... **Bonneville** (b) City... **Lincoln**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **Born at own home.**
(e) Mother's stay BEFORE delivery:
IN THIS county **30** years **2** months **7** days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State... **Idaho** (b) County... **Bonneville**
(c) City... **Lincoln**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? **20** yrs.

3. RESIDENCE OF FATHER (city, state) **Lincoln, Idaho**

5. Date of Birth of Child
(Month, day, year) **June 7, 1910**

4. FULL NAME OF CHILD **Thelmo Ann Farnsworth**

6. Sex **female** 7. Twin or Triplet **Triplet** If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD

10. FULL NAME **Oliher Clarence Farnsworth**
11. Color **White** 12. Age at time of THIS birth **28** yrs.
13. Birthplace... **Monroe, Utah** (City or town) (State or foreign country)
14. Exact Occupation **Ran a threshing machine.**
15. Industry or Business **Farming.**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Mary Ann Hansen**
17. Color **White** 18. Age at time of THIS birth **30** yrs.
19. Birthplace... **Myrum, Utah** (City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business **none**

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child... **4** (b) Born alive and now living... **4**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **born alive** at **A.** M. on the date **June 7, 1910** (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **Thelmo Ann Farnsworth** M.D. Midwife Address Date

State of... **Idaho** County of... **Bonneville** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **grand-mother** of the person whose name appears in Item 4 above, that I am now **82** years of age, that I have known this person for **32** years, and that **Laine** who attended this birth **is now deceased** I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this **13** day of **June** 19**10**
(SEAL) **Thelmo Ann Farnsworth** Notary Public, residing at **Idaho Falls, Idaho**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

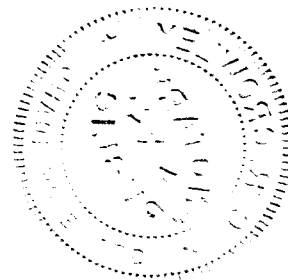
Received for filing on **JUN 16 1912** by **M. A. Farnsworth** Registrar.

JUN 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

459 110042-367

348182

348182

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County TWIN FALLS (b) City TWIN FALLS
(c) Street Address or R.F.D. No. 252-7TH EAST
(d) Name of Hospital or Maternity Home: "HOME"

(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County TWIN FALLS
(c) City TWIN FALLS
(d) Street Address or R.F.D. No. 252-7TH EAST
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Ida

4. FULL NAME OF CHILD ROBERT HENRY DEISS

5. Date of Birth of Child
(Month, day, year) Aug. 10, 1910

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME HERMAN ELBERT DEISS
11. Color WHITE 12. Age at time of THIS birth 28 yrs.
13. Birthplace OMAHA NEBR
(City or town) (State or foreign country)
14. Exact Occupation REAL ESTATE
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARTHA COX
17. Color WHITE 18. Age at time of THIS birth 29 yrs.
19. Birthplace BONHAM TEXAS
(City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum DONT KNOW

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of IDAHO ss.
County of TWIN FALLS

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 32 years, and that JOHN MORGAN, who attended this birth DECEASED. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 13th day of June, 1942
(SEAL) Notary Public, residing at Twin Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 19 1942 by Mary E. Elder, Registrar.

JUN 19 1942

MAR 12 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

235-227-032-122

348203

348203

United States (Be sure the information is as of date of birth of THIS child)
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lincoln (b) City Gooding
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay BEFORE delivery 4 years 4 months days
IN THIS county

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Gooding
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 4 MO. yrs.
3. **RESIDENCE OF FATHER** (city, state) Gooding, Idaho

4. **FULL NAME OF CHILD** Ruth Edna Steele (Metcalf)

5. Date of Birth of Child
(Month, day, year) August 27, 1910

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harry Frank Steele
11. Color White 12. Age at time of THIS birth 42 yrs.
13. Birthplace Tiamesa, Penn
(City or town) (State or foreign country)
14. Exact Occupation Veterinarian (Army)
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marion Mae Abbott
17. Color White 18. Age at time of THIS birth 38 yrs.
19. Birthplace Little Falls, New York
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Diego } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 31 years, and that Margaret Blazer Dr. F. R. Cary—deceased who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires Mar. 18, 1946

Subscribed and sworn to before me this 15-th day of June 1942
(SEAL) Esther Caldwell Notary Public, residing at 304 W. Wash St. San Diego, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by Mary E. Eder Registrar.

JUN 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

285 722 014 -235

348221

348221

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 348221
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Canyon (b) City Middleton
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Middleton
(d) Street Address or R.F.D. No. Middleton #1
(e) How long has MOTHER lived in Idaho? 24 yrs.
(f) Mother's mailing address Rt. #4, Caldwell

3. RESIDENCE of FATHER (city, state) Caldwell, Ida.

4. FULL NAME OF CHILD Gordon Gilmore Shelton

5. Date of Birth June 22, 1910
(Month, day year)

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Arthur Dixon Shelton
11. Color White 12. Age at time of THIS birth 25 yrs.
or Race Caldwell of THIS birth Idaho
13. Birthplace Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Amanda Blessinger
17. Color White 18. Age at time of THIS birth 24 yrs.
or Race Star of THIS birth Idaho
19. Birthplace Idaho
(City or town) (State or foreign country)
20. Exact Occupation Farm Wife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2% Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 7:00 A. M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Ella Shelton, who is related to this child as Mother (First name) (Last name)

26. (a) JUN 22 1942 (Date received) Mary F. Feder (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature E. M. Cole M.D. (D.O., midwife, etc.)
and address Caldwell, Idaho Date 6-17-42

State of } ss.
County of }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, , being first duly sworn, say that I am (Related to (or) acquainted with)
 as , whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that , who attended
(Name of attendant at birth)
said birth and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this day of , 1942

(SEAL)

Signature
P. O. Address
Notary Public, residing at

JUN 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any~~ birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

862-213-020-795

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **348225**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Elmore (b) City near Hill City
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home:
On ranch
(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City near Hill City
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Manila Emerald Hostetler
5. Date of Birth of Child February 13,
(Month, day, year) 1940

6. Sex female 7. Twin or Triplet single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Benjamin Franklin Hostetler
11. Color white 12. Age at time of THIS birth 46 yrs.
13. Birthplace Ripley County, Indiana
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Angeline Green
17. Color white 18. Age at time of THIS birth 30 yrs.
19. Birthplace X Kansas
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business farmerwife

22. Name prophylactic used to prevent Ophthalmia Neonatorum XX
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of Idaho County of Gooding } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 32 years, and that name now unknown, who attended this birth cannot be located. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Benjamin Franklin Hostetler Signature
Bliss, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of June, 19 42.
(SEAL) [Signature] Notary Public, residing at Gooding, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by Manila Hostetler Registrar.

DEC 19 1966

DEC 19 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

843 204025 381

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **348247**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Stites</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: <u>23</u> years <u>0</u> months <u>0</u> days IN THIS county		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Stites</u> (d) Street Address or R.F.D. No. <u>X</u> (e) How long has MOTHER lived in Idaho? <u>55</u> yrs.	
4. FULL NAME OF CHILD <u>Elda June Hutchens</u>		5. Date of Birth of Child (Month, day, year) <u>June 4, 1910</u>	
6. Sex <u>female</u>	7. Twin or Triplet <u>X</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>John Franklin Hutchens</u>		16. FULL MAIDEN NAME <u>Mertie Chase</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>34</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>26</u> yrs.
13. Birthplace <u>Waitsburg, Washington</u> (City or town) (State or foreign country)		19. Birthplace <u>Texas</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farming</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>X</u>		21. Industry or Business <u>X</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. XX
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was X at X M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by X, who is related to this child as X (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature C **M.D.** X **Address** X **Date** X
State of Idaho County of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that Mrs. Sarah Hutchens who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mertie Hutchens Signature
Grangeville, Idaho P. O. Address
Subscribed and sworn to before me this 1st day of June, 19 42
(SEAL) M. C. McQuinn Notary Public, residing at Grangeville, Id.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by Registrar

JUN 19 1942

MAR 26 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each completed copy requires an advance payment of fifty cents, money order or coin.

572 108 035 386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348259
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. 1703 4 Street
(d) Name of Hospital or Maternity Home:
Parents home
(e) Mother's stay BEFORE delivery:
IN THIS county years 1 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 1703 4 Street
(e) How long has MOTHER lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) 286-3 years

4. FULL NAME OF CHILD

John Edward Easterday

5. Date of Birth of Child
(Month, day, year) Sept 8, 1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Louis Franklin Easterday
11. Color white 12. Age at time of THIS birth 25 yrs.
13. Birthplace Elizabeth, N.J. (City or town) (State or foreign country)
14. Exact Occupation Carpenter work
15. Industry or Business Common Laborer

MOTHER OF CHILD

16. FULL MAIDEN NAME Pearl Irene Thompson
17. Color white 18. Age at time of THIS birth 28 yrs.
19. Birthplace Quasco, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Water

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of Idaho County of Nez Perce ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4 above, that I am now 60 years of age, that I have known this person for 31 years, and that John Edward Easterday, who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Pearl Easterday Signature
Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 12 day of June, 1942.
(SEAL) Philip H. Hargrave Clerk of District Court, Public, residing at Lewiston, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by Philip H. Hargrave Registrar.

JUN 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

281-118 029, 318

348267

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County LATAH (b) City FOULATCH
(c) Street Address or R.F.D. No. 625 LARCH
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county 20 years 4 months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County LATAH
(c) City FOULATCH
(d) Street Address or R.F.D. No. 625 LARCH
(e) How long has MOTHER lived in Idaho? 52 yrs.

4. FULL NAME OF CHILD ARNOLD ADRAIN SHAFFER

3. RESIDENCE OF FATHER (city, state) FOULATCH IDA
5. Date of Birth of Child (Month, day, year) May 18 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME WALTER SHAFFER
11. Color or Race WHITE 12. Age at time of THIS birth 25 yrs.
13. Birthplace BOZEMAN MONT
(City or town) (State or foreign country)
14. Exact Occupation MILLWORK
15. Industry or Business SAW MILL

MOTHER OF CHILD

16. FULL MAIDEN NAME LELA LAYTON
17. Color or Race WHITE 18. Age at time of THIS birth 20 yrs.
19. Birthplace FOULATCH IDAHO
(City or town) (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 12 15 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by LELA SHAFFER, who is related to this child as MOTHER (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature J.W. Thompson M.D. Midwife Address Morcow Date 5/23/42

State of Idaho County of Latah } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 52 years, and that (First name) (Last name) who attended this birth. (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lela Shaffer Nordby Signature
P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____
(SEAL) _____ Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

Received for filing on JUN 16 1942 by _____ Registrar.

JUN 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

863-228035-275

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **348294**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Thy. (now Blaine) (b) City Ida
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 9 years - months - days

4. FULL NAME OF CHILD

Leietta Holtz

6. Sex

female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Ludwig Carl Holtz

11. Color or Race

white

12. Age at time of THIS birth

37 yrs.

13. Birthplace

Idaho, Twp. Co. La. Ill.

(City or town)

(State or foreign country)

14. Exact Occupation

Livery business

15. Industry or Business

"

"

MOTHER OF CHILD

16. FULL MAIDEN NAME

Ellen Spencer Holtz

17. Color or Race

white

18. Age at time of THIS birth

36 yrs.

19. Birthplace

Idaho, Twp. Co. La. Ill.

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

"

22. Name prophylactic used to prevent Ophthalmia Neonatorum

not known

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Washington } ss.
County of Snohomish

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 31 years, and that

Mr. Parish

(First name) (Last name)

who attended this birth is now deceased I further state that

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ludwig Carl Holtz
P. 2, Arlington, Wash.

Signature

P. O. Address

Subscribed and sworn to before me this 12 day of June, 1942

(SEAL)

J. P. Mathews

Notary Public, residing at Arlington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by Marl Steffen Registrar.

SEP 23 1939

JUN 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

156 202 001 231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **348304**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County **Ada** (b) City **Meridian**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **At home**
(e) Mother's stay BEFORE delivery:
IN THIS county **4** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State **Oregon** (b) County **Lane**
(c) City **Eugene**
(d) Street Address or R.F.D. No. **747 W. 18th St**
(e) How long has MOTHER lived in Idaho? **6** yrs.

4. FULL NAME OF CHILD **FAY Clifford Jeffries**

5. Date of Birth of Child
(Month, day, year) **1-2-1910**

6. Sex 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9mo** 9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME **DAVID Jeffries**
11. Color or Race **White** 12. Age at time of THIS birth **43** yrs.
13. Birthplace **Illinois - USA**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME **Edith Elizabeth Stahay**
17. Color or Race **White** 18. Age at time of THIS birth **31** yrs.
19. Birthplace **Chatauque Co. Kansas**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of **Oregon** } ss.
County of **Lane** }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **MOTHER** of the person whose name appears in Item 4, above, that I am now **63** years of age, that I have known this person for **32** years, and that **Chesney Dutton** who attended this birth **is now deceased** I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith Elizabeth Jeffries Signature
747 W 18th St Eugene Ore P. O. Address

Subscribed and sworn to before me this **13** day of **June**, 19**42**
(SEAL) **H. B. Johnson** Notary Public, residing at **Eugene Ore**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

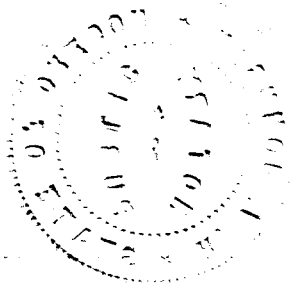
Received for filing on **JUN 16 1942** by....., Registrar.

AUG 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

695-229009 695

348311

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bonner</u> (b) City <u>Ponderay</u> (c) Street Address or R.F.D. No. <u>Same</u> (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: IN THIS county years months <u>7</u> days <u>19</u>		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bonner</u> (c) City <u>Ponderay</u> (d) Street Address or R.F.D. No. <u>Same</u> (e) How long has MOTHER lived in Idaho? <u>7 mo.</u> yrs.	
4. FULL NAME OF CHILD <u>Mary Lucille Finicle</u>		3. RESIDENCE OF FATHER (city, state) <u>Ponderay Ida</u> 5. Date of Birth of Child (Month, day, year) <u>12-29-10</u>	
6. Sex <u>F</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Chas. Myers Finicle</u> 11. Color or Race <u>W.</u> 12. Age at time of THIS birth <u>32</u> yrs. 13. Birthplace <u>Shelby Ohio</u> (City or town) (State or foreign country) 14. Exact Occupation <u>R.R. Switchman</u> 15. Industry or Business <u>R.R.</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Ethel M. Finicle</u> 17. Color or Race <u>W.</u> 18. Age at time of THIS birth <u>22</u> yrs. 19. Birthplace <u>Angus Minn.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Same</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Silver nitrate</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**
State of Washington **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Klick ss.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 33 years of age, that I have known this person for 3 1/2 years, and that Dr. Chas. Maddy who attended this birth not deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

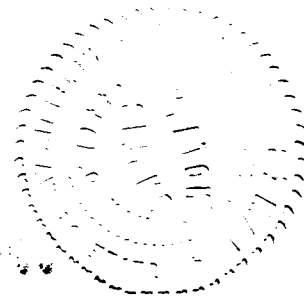
Ethel M. Finicle Signature
1208-23 No. Seattle, Wash. P. O. Address
Subscribed and sworn to before me this 13 day of June, 1942.
(SEAL) James Garret Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code.)
Received for filing on JUN 18 1942 by Mary Finicle Registrar.

JUN 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

294112-001-245

348337

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise, Idaho
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has MOTHER lived in Idaho? 3 yrs.
3. **RESIDENCE OF FATHER** (city, state) Boise, Ida

4. **FULL NAME OF CHILD** William Donald Kidwell
5. Date of Birth of Child (Month, day, year) June 12, 1910
6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd no 8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** James Arthur Kidwell
11. Color W. 12. Age at time of THIS birth 23 yrs.
13. Birthplace Warrensburg Missouri
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business general
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Charlotte Anna Kunder
17. Color W. 18. Age at time of THIS birth 24 yrs.
19. Birthplace Brook, Germany
(City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** Idaho M.D. Adams Address Date
State of County of ss.
- AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32 years, and that Dr. Elizabeth Spaulding, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Anna Kidwell Signature
P. O. Address
Subscribed and sworn to before me this 15 day of JUN, 19 42
(SEAL) Elizabeth Spaulding Notary Public, residing at Council Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

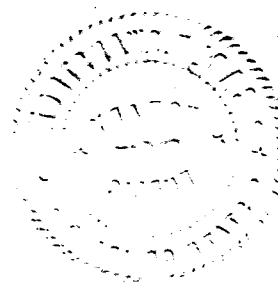
Received for filing on JUN 17 1942 by Mary E. ... Registrar.

JUN 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

293 224030-365
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

348339
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Paris (b) City Craigmont
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: Queen Home
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 1 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Lenox
(c) City Queen Craigmont
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has MOTHER lived in Idaho one yrs.

4. FULL NAME
OF CHILD

Leona Amy Kittrell

5. Date of Birth of Child
(Month, day, year) Dec 24 1910

6. Sex

Female

7. Twin or
Triplet

No

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

10. FULL
NAME

Robert Eldon Kittrell

11. Color
or Race

White

12. Age at time
of THIS birth 24 yrs.

13. Birthplace

Idaho

(City or town) (State or foreign country)

14. Exact
Occupation

Farming

15. Industry or
Business

Farming

16. FULL MAIDEN
NAME

Emma Grace Kittrell

17. Color
or Race

White

18. Age at time
of THIS birth 18 yrs.

19. Birthplace

Idaho

(City or town) (State or foreign country)

20. Exact
Occupation

Housewife

21. Industry or
Business

Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)

25. Attendant's
OWN signature

[Signature]

M.D.
Midwife

Address

Date

State of..... ss.
County of.....

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears
in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that

....., who attended this birth..... further state that
(First name) (Last name) (Is now deceased or (Cannot be located))
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this..... day of..... 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

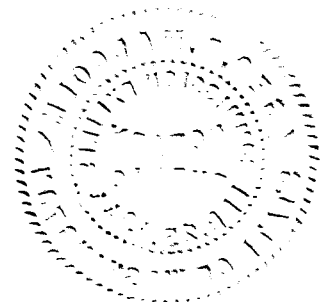
Received for filing on JUN 17 1942 by..... Registrar.

JUN 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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123 109004415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **348357**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none, Born at home.
(e) Mother's stay BEFORE delivery:
IN THIS county 28 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 43 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Thomas Beynon Astle

5. Date of Birth of Child Jan. 9, 1910
(Month, day, year)

6. Sex male 7. Twin or Triplet none If so—born 1st, 2nd, 3rd none 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Charles Astle
11. Color white 12. Age at time of THIS birth 43 yrs.
13. Birthplace Montpelier, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Matilda Jane Danks
17. Color white 18. Age at time of THIS birth 40 yrs.
19. Birthplace Homewood, Pennsylvania
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Domestic duties

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature California M.D. Midwife Address Date

State of California } ss.
County of Placer

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 32 years, and that Frances Bridges is now deceased, who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Matilda Jane Danks Signature
212 Douglas St., Roseville, Calif. P.O. Address

Subscribed and sworn to before me this 15th day of June, 19 42

(SEAL)

(Note: Notary Public Notary Public, residing at Roseville, Placer
Co., California

Received for filing on JUN 17 1942 by Marl E. ... Registrar.

JUN 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

714 130 006-655

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **248373**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county 22 years 2 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 22 yrs.

4. FULL NAME OF CHILD

Harold Earl Samble

6. Sex

male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Earl E Samble
11. Color white 12. Age at time of THIS birth 25 yrs.
13. Birthplace Lincoln Nebraska
(City or town) (State or foreign country)
14. Exact Occupation farmer & carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen E Weeks
17. Color white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Idaho
(City or town) (State or foreign country)
20. Exact Occupation housemaking & housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that W. F. Mitchell who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen E Weeks Samble Signature
862 East Mulhall, El Monte, Cal. P. O. Address

Subscribed and sworn to before me this 11th day of June 1942
(SEAL) [Signature] Notary Public, residing at 7619 La Salle Ave., Los Angeles, Cal.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by Mary E. [Signature] Registrar.

AUG 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

391-225009 893

348419

348419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. 683 No. Boyer
(d) Name of Hospital or Maternity Home:
at home of sister-in-law
(e) Mother's stay **BEFORE** delivery:
IN THIS county 7 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Naples
(d) Street Address or R.F.D. No. ----
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
3. **RESIDENCE OF FATHER** (city, state) Naples, Ida.

4. **FULL NAME OF CHILD** DELORES ELEANOR CRAMER
5. Date of Birth of Child
(Month, day, year) Dec. 25, 1910
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** DAVID ELMER CRAMER
11. Color or Race White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Indiana
(City or town) (State or foreign country)
14. Exact Occupation Woodman
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Alma Sarah Hill
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Bristol, Wisconsin
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature M.D. Midwife Address Date
State of.....Washington ss.
County of.....Thurston

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

- I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now.....51.....years of age, that I have known this person for.....since birth.....years, and that Dr. Patterson....., who attended this birth.....is deceased..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Alma S. Cramer Signature
137 Sheridan Avenue, Olympia, Wash. O. Address

Subscribed and sworn to before me this 18 day of June, 1942 Wash.
(SEAL) John E. Fisher Notary Public, residing at Olympia
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1942 by Mary Elder, Registrar.

JUN 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY. VITH UNFADING INK. THIS IS A PERMANENT RECORD N.B. In case of more than one child at birth Separate Remarks must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

348448

1. PLACE OF BIRTH
County of Idaho
City of Canfield
No. 958 109 025 314 St.

JUN 18 1942

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD John Louis Zehner

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth May 9, 1940 (Month, Day, Year)

9. Full name FATHER Lee Wesley Zehner

18. Full maiden name MOTHER Laura Loring Campbell

10. Residence (usual place of abode) Canfield, Idaho
(If non-resident, give place and State)

19. Residence (usual place of abode) Canfield, Idaho
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 25 3/4 years

20. Color or race white 21. Age at last birthday 25 years

13. Birthplace (city or place) Missouri
(State or Country)

22. Birthplace (city or place) West Plains, Missouri
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work Nov. engaged, 1910

25. Date (month and year) last engaged in this work _____, 1910

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 10:00 A. m. on the date above stated.
(Born Alive or Stillborn)

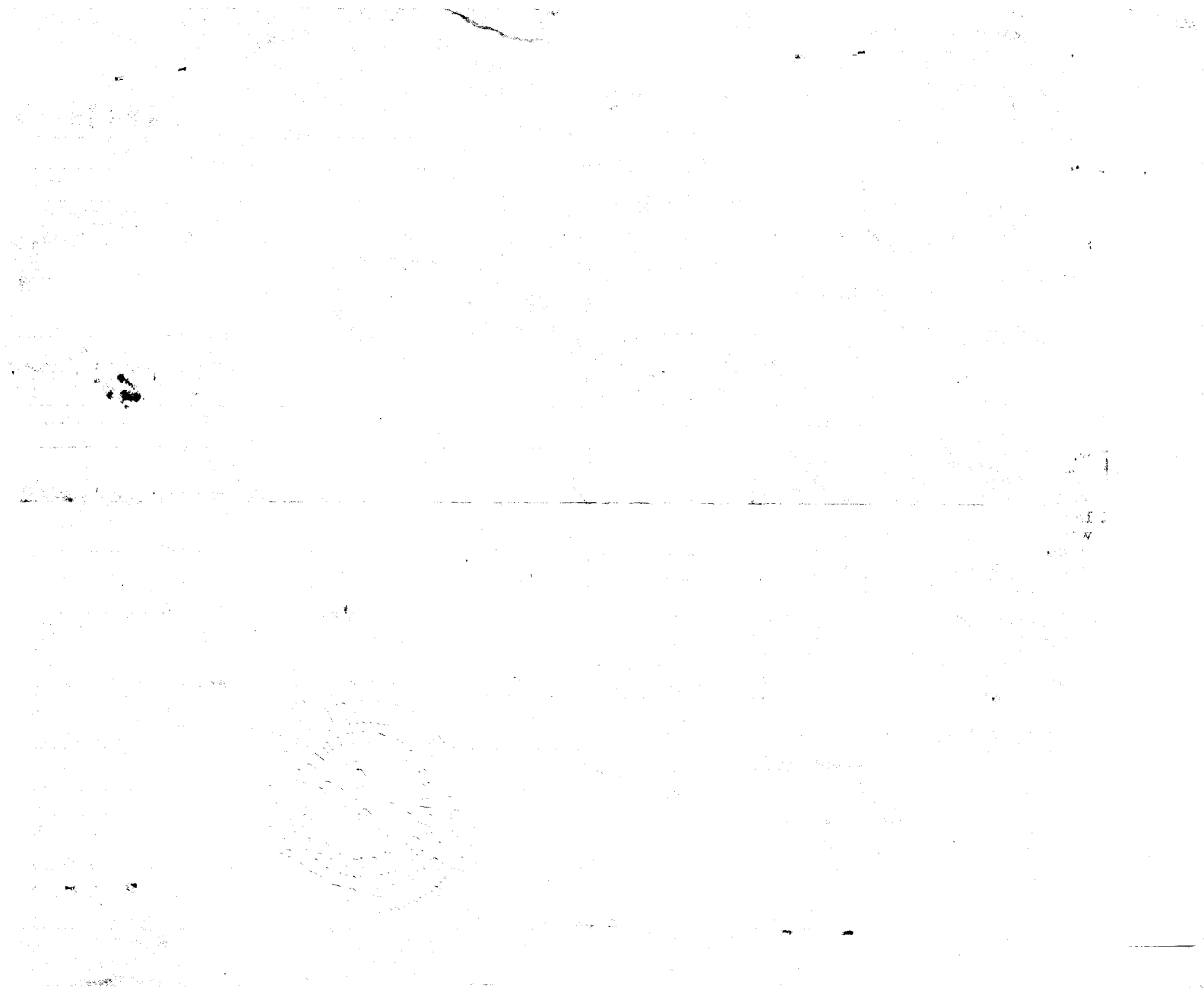
When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) Laura Loring Zehner, M. D.
or Mother, Midwife

Give name added from a supplemental report _____ Address Idaho

May 18 1942 (Date of Registrar.)

Filed July 6th, 1940 Wm. H. Arthur Registrar.

Notary Public in and for the State of Washington, residing at Anacortes, Wn.



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of WASHINGTON

County of SKAGIT

AFFIDAVIT

ss.

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Laura Lavina Zehner, Mother

being first duly sworn says that

she is the Mother

(Relationship of child)*

of

John Louis Zehner

born May 9, 1910

(Date of birth)

at

Canfield, Idaho

, Idaho,

whose certificate of birth is hereto attached, and that

He

desires to have the said birth

recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-

cate birth of the said

John Louis Zehner

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that

Dr. W. A. Foskett

M. D., was the
Midwife

medical attendant at the birth of said

John Louis Zehner

and that

the said medical attendant is

Now deceased

(Now deceased (or) cannot be located)

Name of Affiant

Laura Lavina Zehner

P. O. Address

Deary, Idaho

Subscribed and sworn to before me this

6th

day of

July

19 40

Notary Public.

Residing at

Anacortes, Wash.

, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUN 22 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

355 226 010-391

348456

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Milo Townsite
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
In the home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 10 $\frac{1}{2}$ years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of the birth)
(a) State Idaho (b) County Bonneville
(c) City
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 10 $\frac{1}{2}$ yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Blanch Brata Lee (~~Now Hope~~)
5. Date of Birth of Child
(Month, day, year) Jan 26 1910

6. Sex female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Orrin Ward Lee</u>	16. FULL MAIDEN NAME <u>Lydia Francis Tracy</u>		
11. Color <u>white</u> 12. Age at time of THIS birth <u>21</u> $\frac{1}{2}$ yrs.	17. Color <u>white</u> 18. Age at time of THIS birth <u>19</u> $\frac{1}{2}$ yrs.		
13. Birthplace <u>Milo, Townsite</u> (City or town) (State or foreign country)	19. Birthplace <u>Ogden, Utah</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>farmer</u>	20. Exact Occupation <u>house wife</u>		
15. Industry or Business <u>farming</u>	21. Industry or Business <u>house wife</u>		

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Lydia Francis Tracy, who is
related to this child as mother
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature Marie Bunbury M.D. Midwife Address Date

State of Idaho County of Bonneville } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that Sarah Rowberry who attended this birth who is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lydia Francis Tracy Lee Signature
Irwin, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of June, 1942.
(SEAL) Marie Bunbury Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUN 18 1942 by Marie Bunbury Registrar.

JUN 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires in advance payment of fifty cents, money order or coin.

814 213042 462

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

State File No. **348517**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. Succor Flat
(d) Name of Hospital or Maternity Home:
at residence
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. Succor Flat
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

**4. FULL NAME
OF CHILD**

Ledona Margie Hauck

5. Date of Birth of Child

(Month, day, year) May 13, 1910

6. Sex female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL
NAME Albert Lee Hauck

11. Color white 12. Age at time
or Race of THIS birth 32 yrs.

13. Birthplace Brown County Ohio
(City or town) (State or foreign country)

14. Exact
Occupation Farming

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN
NAME Sallie Belle Moss

17. Color white 18. Age at time
or Race of THIS birth 36 yrs.

19. Birthplace Blue Lick Springs Kentucky
(City or town) (State or foreign country)

20. Exact
Occupation Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Lysol

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Washington
County of Walla Walla } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4, above, that I am now 68 years of age, that I have known this person for 32 years, and that
Dr. Morgan who attended this birth cannot be located I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 129, 1937 Session Laws.

Sallie Belle Hauck Signature

435 N. Fifth Ave., Walla Walla, Washington Address

Subscribed and sworn to before me this 15th day of June, 1942

(SEAL)

M. D. Morgan

Notary Public, residing at Walla Walla Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

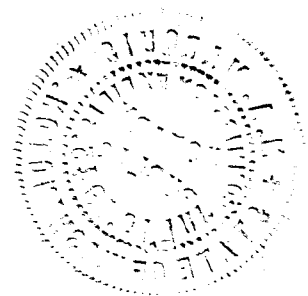
Received for filing on JUN 18 1942 by Mary E. [Signature] Registrar.

JUN 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



296-204-028 854

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **348528**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Kootenai** (b) City **Laurel de Plene**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **No**

(e) Mother's stay **BEFORE** delivery:

IN THIS county **✓** years **3** months **✓** days

4. FULL NAME OF CHILD

Mary Beatrice Brooks

6. Sex

female

7. Twin or Triplet

No

8. If so—born 1st, 2nd, 3rd

No

10. FULL NAME

Charles Milton Brooks

11. Color or Race

White

12. Age at time of THIS birth

38 yrs.

13. Birthplace

Idaho

14. Exact Occupation

farming - dairy

15. Industry or Business

farming - dairy

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Kootenai**
(c) City **Laurel de Plene**
(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? **1** yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child

(Month, day, year) **Nov 4, 1910**

8. No. months of Pregnancy

9

9. Legitimate?

yes

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary Sophia Hempstead

17. Color or Race

White

18. Age at time of THIS birth

28 yrs.

19. Birthplace

Idaho

20. Exact Occupation

housewife

21. Industry or Business

housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum **Douglas**

23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **2**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of **Idaho** County of **Boulder** ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4, above, that I am now **56** years of age, that I have known this person for **30** years, and that

(First name)

(Last name)

who attended this birth **cannot be located** I further state that

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Sophia Brooks

Signature

P. O. Address

Subscribed and sworn to before me this **15** day of **June**, 19 **42**

(SEAL)

Notary Public, residing at **Boulder Co. Id.**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

Received for filing on **JUN 20 1942** by **Registrar**

JUN 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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546-215021615

348583

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Franklin</u> (b) City <u>Preston</u> (c) Street Address or R.F.D. No. <u>249 West 2nd So.</u> (d) Name of Hospital or Maternity Home: <u>Family Home</u> (e) Mother's stay BEFORE delivery: <u>17</u> years <u>17</u> months <u>17</u> days IN THIS county		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Franklin</u> (c) City <u>Preston</u> (d) Street Address or R.F.D. No. <u>249 W. 2nd So.</u> (e) How long has MOTHER lived in Idaho? <u>17</u> yrs.	
4. FULL NAME OF CHILD <u>Laura Elvina Nuffer Alvord</u>		5. Date of Birth of Child (Month, day, year) <u>Feb. 15, 1910</u>	
6. Sex <u>Female</u> 7. Twin or Triplet <u>No</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>		3. RESIDENCE OF FATHER (city, state) <u>Preston, Ida.</u>	
FATHER OF CHILD 10. FULL NAME <u>Charles August Nuffer</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>38</u> yrs. 13. Birthplace <u>Neufin, Germany</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farmer</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Christina Wanner</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>37</u> yrs. 19. Birthplace <u>Holzgerlingen, Germany</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Housewife</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 4:00 A.M. on the date (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Charles A. Nuffer, who is related to this child as father (First name) (Last name)
 (Mother, etc.)

25. Attendant's OWN signature Nancy E. Beckstead **M.D.** Midwife **Address** Preston Ida **Date**.....
 State of..... } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 County of..... }

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
 P. O. Address
 Subscribed and sworn to before me this..... day of....., 19.....
 (SEAL)..... Notary Public, residing at.....
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by Nancy E. Beckstead, Registrar.

JUN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

695-123 034-213

348625

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Minidopa (b) City Heyburn
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Minidopa
(c) City Heyburn
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? 1 yrs

4. **FULL NAME OF CHILD** August Joseph Orris
7. Twin or Triplet no If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Heyburn, Idaho
5. Date of Birth of Child Nov 23, 1910
(Month, day, year)
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Clyde Lincoln Orris
11. Color White 12. Age at time of THIS birth 21 yrs.
13. Birthplace Marquette, Mich.
(City or town) (State or foreign country)
14. Exact Occupation Telegraph Operator
15. Industry or Business —

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Katherine Ballauer
17. Color white 18. Age at time of THIS birth 20 yrs.
19. Birthplace Germany
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was — at — M. on the date —
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by —, who is related to this child as —
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** Michigan **M.D.** —
Midwife — **Address** — **Date** —
State of Michigan **ss.**
County of Washtenaw

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 31 years, and that — who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Katherine Orris Whitehead Signature
P. O. Address —

Subscribed and sworn to before me this 13 day of June 1942
(SEAL) J. S. MOERTZER Notary Public, residing at Public, Cassiot County
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission expires Feb. 23, 1944

Received for filing on JUN 18 1942 by — Registrar

JUL 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-203009-962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

349801

State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Bonner (b) City Eastport

(c) Street Address or R.F.D. No. _____

(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery: _____

In Hosp. or Mat. Home _____ days.

In THIS county 2 years 2 month 20 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Bonner

(c) City Eastport

(d) Street Address or R.F.D. No. Gen. Del.

(e) How long has MOTHER lived in Idaho? 2 yrs.

(f) Mother's mailing address Eastport, Idaho

3. RESIDENCE of FATHER (city, state): Eastport, Idaho

5. Date of Birth
(Month, day, year) Feb. 3, 1910

4. FULL NAME OF CHILD Cora Abbie Kline

6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME David Willmont Kline

16. FULL MAIDEN NAME Cora Hannah Robinson

11. Color white 12. Age at time of THIS birth 43 yrs.

17. Color white 18. Age at time of THIS birth 24 yrs.

13. Birthplace Pennsylvania
(City or town) (State or foreign country)

19. Birthplace Vista Missouri
(City or town) (State or foreign country)

14. Exact Occupation R. R. car inspector

20. Exact Occupation housewife

15. Industry or Business Railroad

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JUN 20 1912 (Date received) (b) Mary H. Kline (Mother, etc.) (c) Mary H. Kline (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)

27. Given name added on _____ by _____ (Registrar's signature)

and address _____ Date _____

State of Washington } ss.
County of Spokane

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cora Hannah Kline, being first duly sworn, say that I am related to Cora Abbie Kline as mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Blamberg (Name of attendant at birth), who attended said birth, is now deceased and that this birth has not been previously recorded.

(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Blamberg (Name of attendant at birth), who attended said birth, is now deceased and that this birth has not been previously recorded.

Signature Cora Hannah Kline P.O. Address 1005 E. Francis Spokane Washington

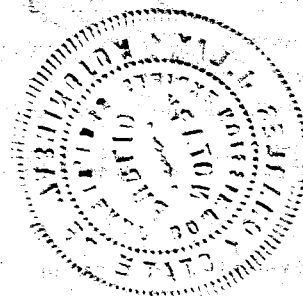
Subscribed and sworn to before me on this 25th day of May, 1912
(SEAL) Charles J. Lay Notary Public, residing at Spokane Wn

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

919119041-113

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

349644

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Teton (b) City Haden
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: --
(e) Mother's stay BEFORE delivery:
IN THIS county - years 4 months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Haden
(d) Street Address or R.F.D. No. --
(e) How long has MOTHER lived in Idaho? 10 yrs.

4. FULL NAME OF CHILD JOHN ARCHABLE HARDWICK
6. Sex Male 7. Twin or Triplet - If so - born 1st, 2nd, 3rd -

3. RESIDENCE OF FATHER (city, state) Haden, Idaho
5. Date of Birth of Child (Month, day, year) Aug. 19, 1910
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME JOHN HENRY HARDWICK
11. Color White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Oxford, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business -

MOTHER OF CHILD
16. FULL MAIDEN NAME ELLA MAY JACKSON
17. Color White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Beaver City, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum -
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 9 P. M. on the date Aug. 19, 1910
(Born alive, stillborn) Billings
and at the place stated above, and that personal particulars were furnished by Ella May Hardwick, who is related to this child as mother
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Baker M.D. - Midwife - Address - Date -
State of Oregon County of Baker } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 31 years, and that Mrs. Prestly, who attended this birth cannot be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella May Hardwick Billings Signature
1938 Seventh Street-Baker, Ore. P. O. Address

Subscribed and sworn to before me this 22nd day of June, 1912
(SEAL) [Signature] Notary Public, residing at Baker, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

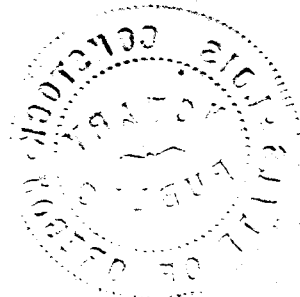
Received for filing on JUN 23 1942 by Mary E. Baker Registrar.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **349660**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No. 331 N. 5th St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
3. RESIDENCE OF FATHER (city, state) Payette, Ida.

4. FULL NAME OF CHILD Morris Lynn Watts
6. Sex Male **7. Twin or Triplet** -- **If so—born** 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) Feb. 15, 1910

8. No. months of Pregnancy 9 **9. Legitimate?** yes

FATHER OF CHILD
10. FULL NAME Walter Watts
11. Color or Race white **12. Age at time of THIS birth** 30 yrs.
13. Birthplace Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Frankie Dressler
17. Color or Race white **18. Age at time of THIS birth** 26 yrs.
19. Birthplace Merrick County, Nebraska
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Idaho } ss.
County of Payette

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that Mrs. Berry who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937-Session Laws.

Frankie Dressler Watts Signature
Payette, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of June, 19 42
(SEAL) Walter F. Quinn Notary Public, residing at Payette, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942 by Mary E. Fisher, Registrar.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-215 002 485

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. 349693

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Lula Mae Thompson				2. Date (month) (day) (year) Of Birth October 15 1910	
	3. Color or Race White	4. Sex Female	5. Place of Birth Adams	a. County Council		
FATHER	6. Full Name of Father Robert Lee Thompson				7. State or Country of Father's Birth Tennessee	
MOTHER	8. Full Maiden Name of Mother Sibbie E. Myers				9. State or Country of Mother's Birth Montrose, Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Lula M. Thompson</i>		
NOTARY (Seal)	Subscribed and sworn to before me on April 27 1971			11. Present Address of Registrant Box 173 Springdale, Wash. 99173		
				12. Signature of Notary <i>Phillip P. Spahr</i>		
				13. Notary Commission expires Feb. 17 1975		

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document Bible Record		By whom issued and signed Family Bible		Date issued ---	Date Orig. Entry obviously old
	Date of Birth Oct. 15, 1910	Birth Place Council, Idaho	Full Name of Mother Sibbie Eveline Myers		Name of Father Robert Lee Thompson	
SUPPORTING RECORD 2-	Type of Document Own child's birth certificate		By whom issued and signed on file - Idaho # 188489		Date issued ---	Date Orig. Entry child born Jan 13, 1931
	Date of Birth Age 20	Birth Place Council, Idaho	Full Name of Mother ----		Name of Father ----	
SUPPORTING RECORD 3-	Type of Document Certified copy of school census marshal's report		By whom issued and signed School Dist. #20, Adams Co., Idaho		Date issued Aug. 21, 1972	Date Orig. Entry Sept. 1917
	Date of Birth AGE: 7	Birth Place ----	Full Name of Mother ----		Name of Father Robert Thompson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>W. Benson</i>	Evidence reviewed by fc Glenda Larson	Date Filed August 31, 1972

Lula

Houston



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
at parents' home
(e) Mother's stay BEFORE delivery:
IN THIS county 10 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 10 yrs.
3. RESIDENCE OF FATHER (city, state) Council Idaho

4. FULL NAME OF CHILD LULLA THOMPSON
5. Date of Birth of Child (Month, day, year) Oct 15 1911
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME ROBERT LEE THOMPSON
11. Color White 12. Age at time of THIS birth 56 yrs.
13. Birthplace Tennessee
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD
16. FULL MAIDEN NAME SIBBIE E. MYERS
17. Color White 18. Age at time of THIS birth 36 yrs.
19. Birthplace Montrose, Illinois
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business homemaking

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date
State of Idaho } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of Adams

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 30 years, and that Dr. Howe is deceased, who attended this birth.....I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
formerly Sibbie E Thompson Sibbie E. Warren Signature
Council, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of June, 19 41
(SEAL) Calvin L. Lamm Notary Public, residing at Council, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

Received for filing on JUN 22 1942 by Maury E. Johnson, Registrar.

JUN 25 1942

SEP 1 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

914 229 006869

349736

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County.....Bingham (b) City.....Blackfoot
(c) Street Address or R.F.D. No.....#1
(d) Name of Hospital or Maternity Home:
Ranch home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 10 years -- months -- days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State.....Idaho (b) County.....Bingham
(c) City.....Blackfoot
(d) Street Address or R.F.D. No.....#1
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Ida.

4. **FULL NAME OF CHILD**.....Lucille Genevra Ramey
6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) June 29, 1910

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME**.....Jacob Palmer Ramey
11. Color White 12. Age at time of THIS birth 24 yrs.
13. Birthplace.....Coeburn, Virginia
(City or town) (State or foreign country)
14. Exact Occupation.....Farmer
15. Industry or Business.....Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME**.....Adelia York
17. Color White 18. Age at time of THIS birth 25 yrs.
19. Birthplace.....Helvey, Nebraska
(City or town) (State or foreign country)
20. Exact Occupation.....Housewife
21. Industry or Business.....--

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....unknown
23. Number of children of this mother: (a) At time of birth and including this child.....2 (b) Born alive and now living.....2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....born alive.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....Jacob P. Ramey....., who is
related to this child as.....father.....
(Mother, etc.) (First name) (Last name)

25. Attendant's X OWN signature.....J. W. Mitchell..... M.D. None Address Blackfoot, Idaho Date 6-10-42

State of.....Idaho
County of.....Bingham.....} ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....father.....of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now.....36.....years of age, that I have known this person for.....31.....years, and that
Lucille Genevra.....Ramey....., who attended this birth.....Dr. F. W. Mitchell..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this.....June.....day of.....1942.....
(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Notary Public, residing at.....Blackfoot, Idaho

Received for filing on.....JUN 12 1942.....by.....Mary E. [Signature]....., Registrar.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

757715 037 2434

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

349737

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Payette (b) City Homedale
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: at home

(e) Mother's stay BEFORE delivery:

IN THIS county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Payette
(c) City Homedale
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Homedale Ida

4. FULL NAME
OF CHILD

Garry Wesley Pegram

6. Sex

7. Twin or
Triplet

If 6—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Alexander Pegram

11. Color White 12. Age at time
or Race..... of THIS birth 43 yrs.

13. Birthplace New Bernsides Ill.
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Pearl & Elizabeth Mc Dowell

17. Color White 18. Age at time
or Race..... of THIS birth 28 yrs.

19. Birthplace Falls City Neb.
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at 3:00 A.M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Mary A Fletcher who is
related to this child as.....
(First name) (Last name)

25. Attendant's
OWN signature Mary A Fletcher M.D. Midwife

Address Homedale Ida Date June 17

State of Idaho ss.
County of Payette

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
in Item 4, above, that I am now 37 years of age, that I have known this person for 32 years, and that
(First name) (Last name) (Is now deceased) or (Cannot be located)

who attended this birth. I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 17 day of June, 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

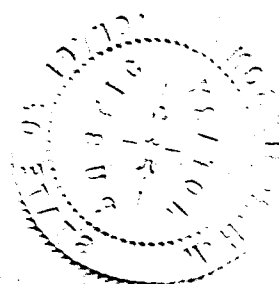
Received for filing on JUN 20 1942 by Mary A Fletcher Registrar.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



469-208 005 812

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

349739
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City St. Joe
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City St. Joe
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 1 yrs.

4. FULL NAME OF CHILD Irene Lionne' Morse

3. RESIDENCE OF FATHER (city, state) St. Joe, Idaho
5. Date of Birth of Child
(Month, day, year) March 8, 1910

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9. 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Perry Elmer Morse
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Vassar Michigan
(City or town) (State or foreign country)
14. Exact Occupation Mill worker
15. Industry or Business Lumber

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillie May Hascall
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Vassar Michigan
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date March 8, 1910
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by St. Joe Hospital, who is related to this child as the house doctor from the
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Lillie May Morse Casey M.D. Midwife Address Box 99, Saratoga, California Date June 17, 1942
State of California County of Santa Clara } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that St. Joe Hospital, who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie May Morse Casey Signature
Box 99, Saratoga, California P. O. Address

Subscribed and sworn to before me this 17th day of June, 1942
(SEAL) [Signature] Notary Public, residing at Los Batos - Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1942 by [Signature] Registrar.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

293-122-028-869

349749

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Boonville</u> (b) City <u>Boonville</u> (c) Street Address or R.F.D. No. <u>502 Lakeside</u> (d) Name of Hospital or Maternity Home <u>502 Lakeside</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Boonville</u> (c) City <u>Boonville</u> (d) Street Address or R.F.D. No. <u>502 Lakeside</u> (e) How long has MOTHER lived in Idaho? <u>32</u> yrs.	
4. FULL NAME OF CHILD <u>Alphonso York Kildea</u>		3. RESIDENCE OF FATHER (city, state) <u>Boonville Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>April 22-1910</u>	
6. Sex	7. Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy	9. Legitimate?
10. FULL NAME <u>Alphonso James Kildea</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>29</u> yrs. 13. Birthplace <u>Engle, Oregon, Canada</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Laborer</u> 15. Industry or Business		16. FULL MAIDEN NAME <u>Miss Belle York</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace <u>Big Rapids, Michigan</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature Idaho **M.D.** **Midwife** **Address** **Date**
State of Idaho **ss.** **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 2 above, that I am now 61 years of age, that I have known this person for 32 years, and that D. J. Peacock, who attended this birth is now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 18th day of June, 1942.
(SEAL) Alphonso James Kildea Signature
Carroll Henry Idaho P. O. Address
Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho, see Idaho Code Annotated.)
COMMISSION EXPIRES APRIL 18, 1944

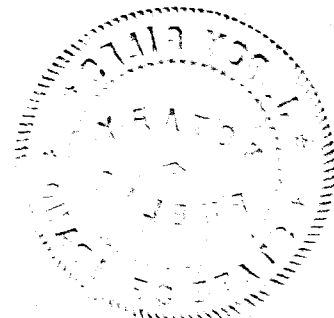
Received for filing on JUN 20 1942, Registrar.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



653-222 040-449

349752

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
born at home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 16 yrs.

4. **FULL NAME OF CHILD** Cecelia Agnes Onthank

5. Date of Birth of Child
(Month, day, year) 2/22/10

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Joseph J. Onthank
11. Color white 12. Age at time of THIS birth 49 yrs.
13. Birthplace Cumberland, Virginia
(City or town) (State or foreign country)
14. Exact Occupation machinist
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Hester A. Murphy
17. Color white 18. Age at time of THIS birth 38 yrs.
19. Birthplace Dubuque, Iowa
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10 A. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's Dr. Rolfe (Mother, etc.) M.D. Dr. Rolfe
OWN signature Midwife Address Mullan, Idaho Date June 9 1942

State of Idaho ss.
County of Benewah

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for life years, and that Dr. Rolfe (First name) (Last name), who attended this birth. (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....
(SEAL)Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 266 61 NNR JUN 19 1942 by Maud J. Fisher Registrar.

JUL 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

365130 042-614

349769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
private home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 2 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 2 13 days

3. RESIDENCE OF FATHER (city, state) Buhl, Idaho

4. FULL NAME OF CHILD Willis Charles Converse

5. Date of Birth of Child
(Month, day, year) May 30, 1910

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Norton Converse
11. Color white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Tama Co., Iowa
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine Bell Waddell
17. Color white 18. Age at time of THIS birth 26 yrs.
19. Birthplace Aurelia, Iowa
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for.....years, and that Dr. Charles Weatherby, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Catherine Bell Waddell Converse Signature
Filer, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of June, 19 42.
(SEAL) Emory L. Horn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 20 1942 by Emory L. Horn, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

219-122-042812

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

349772
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH. (All items at time of this birth)

(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years 1 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Idaho

4. FULL NAME OF CHILD. Gilbert Kirk Barber

5. Date of Birth of Child
(Month, day, year) Sept. 22, 1910

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ralph E. Barber
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Gladen, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business Painting

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Elizabeth Hassad
17. Color White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Topeka, Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of ss.
County of

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 31 years, and that Dr. Cloucheck, who attended this birth, cannot be located. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank J. Hassad Signature
1210 W 10th Ave Eugene, Ore P. O. Address

Subscribed and sworn to before me this 4 day of May, 1942
(SEAL) L. A. Brandt Notary Public, residing at Eugene, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1942 by Frank J. Hassad Registrar.

JUL 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

617 210 036 615

349784

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Oneida (b) City Glendale
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay BEFORE delivery:

In Hospital or Maternity Home Days
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER: (Always fill in these)

(a) State Idaho (b) County Oneida
(c) City Glendale
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address (For registration notice):

(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Edna Leona Wagstaff

5. DATE OF BIRTH July 10 1910
(Month, day, year)

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Wm Addison Wagstaff

11. Color or Race white 12. Age at time of THIS birth 49 yrs.

13. Birthplace England
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Magdalena Wanner

17. Color or Race white 18. Age at time of THIS birth 36 yrs.

19. Birthplace Germany
(City or Town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 10 A. M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Mary Wagstaff, who is
(First name) (Last name)

related to this child as Mother
(Mother, etc.)

JUN 25 1942

26. (a) (b) Maryl E. Eder
(Date received) (Registrar's signature)

27. Given name added on by
(Registrar's signature)

25. Attendant's OWN signature Marcy Beckstead M.D.
(D.O., Midwife, etc.)

and address Date

JUN 26 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of

.....
.....

(b) Labor: Complications:

.....
..... Induced?

(c) State all operations for delivery

.....
.....

(d) Did baby have any:

(1) Congenital Malformation?

Describe:

(2) Birth Injury?

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....
.....

DELAYED

39 130 008 685 JU. 29 1942

349811

349811

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Boise (b) City.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Boise
(c) City Sweet
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 27 yrs.

4. FULL NAME OF CHILD Roy Winton Carlock

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) Sweet, Idaho

5. Date of Birth of Child (Month, day, year) Jan 30, 1910

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Richard Caleb Carlock
11. Color white 12. Age at time of THIS birth 50 yrs.
13. Birthplace Albany, Missouri
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Valeria Whetherhult
17. Color white 18. Age at time of THIS birth 37 yrs.
19. Birthplace nine mile, Idaho
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature Idaho M.D. Midwife Address Date

State of Idaho County of Boise } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that Alfred Skippen, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Valeria Carlock Signature
Ola, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of June, 1942.
(SEAL) J.P. Reed Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

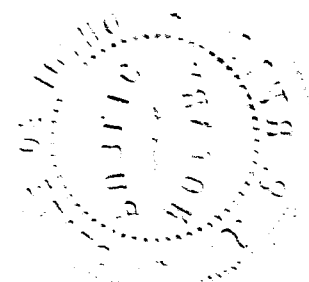
Received for filing on JUN 29 1942 by Mary F. Reed Registrar.

JUN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 181, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County.....Cassia..... (b) City.....Oakley.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State.....Idaho..... (b) County.....Cassia.....
(c) City.....Oakley.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....22.....yrs.
3. **RESIDENCE OF FATHER** (city, state) Oakley, Idaho

4. **FULL NAME OF CHILD**.....Edward Charles Wilson.....

5. Date of Birth of Child
(Month, day, year).....March 5, 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME**.....Lee Wilson.....
11. Color or Race.....White..... 12. Age at time of THIS birth.....24.....yrs.
13. Birthplace.....Knoxville, Tennessee.....
(City or town) (State or foreign country)
14. Exact Occupation.....Common labor.....
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME**.....Evie Pearl Walker.....
17. Color or Race.....White..... 18. Age at time of THIS birth.....22.....yrs.
19. Birthplace.....Oakley, Idaho.....
(City or town) (State or foreign country)
20. Exact Occupation.....Housewife.....
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child.....1..... (b) Born alive and now living.....1.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date
State of.....Idaho.....} ss.
County of.....Twin Falls.....}

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears in Item 4, above, that I am now.....53.....years of age, that I have known this person for.....32.....years, and that.....Dr. Oldham....., who attended this birth.....is now deceased..... I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna Wilson.....Signature
414 Fourth Ave. West, Twin Falls, Idaho.....P.O. Address

Subscribed and sworn to before me this.....20th.....day of.....June....., 1942.....
(SEAL).....Marian Dunn.....Notary Public, residing at.....Twin Falls, Idaho.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....JUN 23 1942.....by.....Mabel Keeling....., Registrar.

349854

693 105016613

JUN 25 1942

JUN 26 1951
APR 14 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-123 022-619

349875

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Fremont</u> (b) City <u>Sugar</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>5</u> years <u>3</u> months <u>0</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Fremont</u> (c) City <u>Sugar</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>34</u> yrs.	
4. FULL NAME OF CHILD <u>Thomas LeGrand Dalling</u>		3. RESIDENCE OF FATHER (city, state) <u>Idaho Falls</u> 5. Date of Birth of Child (Month, day, year) <u>July 23, 1910</u>	

6. Sex <u>Male</u>	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Thomas Edwin Dalling</u> 11. Color <u>White</u> 12. Age at time of THIS birth <u>28</u> yrs. 13. Birthplace <u>Logan Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farming</u> 15. Industry or Business			MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Annie Appleby Wardell</u> 17. Color <u>White</u> 18. Age at time of THIS birth <u>25</u> yrs. 19. Birthplace <u>South Shield, England</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
 23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)
 (Mother, etc.)

25. Attendant's **OWN** signature..... M.D. Midwife Address..... Date.....

State of.....ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 County of.....

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that Dr. J. R. Shupe, who attended this birth is deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Appleby Wardell Dalling Signature
614 L St. Idaho Falls, Idaho P.O. Address

Subscribed and sworn to before me this 20th day of June, 19 42.
 (SEAL) Notary Public Notary Public, residing at Idaho Falls, Ida
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1942 by M. J. [Signature], Registrar.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

962-104 016-141

349900

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 3 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD

Alma Alexander Robertson

5. Date of Birth of Child

(Month, day, year) July 4, 1910

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lester Alexander Robertson

11. Color or Race White 12. Age at time of THIS birth 25 yrs.

13. Birthplace Croft Utah
(City or town) (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lydia Adeline Adams

17. Color or Race White 18. Age at time of THIS birth 21 yrs.

19. Birthplace Leadale Utah
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Cassia

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 31 years, and that

Dr. Nielson who attended this birth deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lydia Adeline Adams Signature

Boading, Idaho P. O. Address

Subscribed and sworn to before me this 11 day of June, 1941

(SEAL)

Charles H. Nielson Notary Public, residing at Boading, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 13 1942 by Mary H. Nielson, Registrar.

100048

JUN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

747-104042-713

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **349905**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Filer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 12 years 0 months 0 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City In the country
(d) Street Address or R.F.D. No. None at time
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
3. **RESIDENCE OF FATHER** (city, state) Pennsylvania

4. **FULL NAME OF CHILD** Robert William Pugh
5. Date of Birth of Child
(Month, day, year) April 4-1910
6. Sex Male 7. Twin or Triplet 0 If so—born 1st, 2nd, 3rd 0 8. No. months of Pregnancy 9 9. Legitimate? Yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|---|--|---|
| 10. FULL NAME <u>Anderson J. Pugh</u> | 16. FULL MAIDEN NAME <u>Florence (Pugh) Pattison</u> | 17. Color <u>White</u> | 18. Age at time of THIS birth <u>19</u> yrs. |
| 11. Birthplace <u>New Cumberland, W. Va.</u>
(City or town) (State or foreign country) | 17. Color <u>White</u> | 18. Age at time of THIS birth <u>19</u> yrs. | 19. Birthplace <u>Albany, New York</u>
(City or town) (State or foreign country) |
| 12. Exact Occupation <u>Farmer</u> | 20. Exact Occupation <u>House Wife</u> | 21. Industry or Business <u>Farmer</u> | 21. Industry or Business <u>House Wife</u> |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 0

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
- and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
- (Mother, etc.)

25. Attendant's **OWN** signature.....M.D. Midwife Address.....Date.....
- State of Pennsylvania ss. Washington **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

- I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that Unknown who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
- the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 133, 1937 Session Laws.

My Commission Expires

Monday in January, 1946

Subscribed and sworn to before me this 20 day of June, 1942.

(SEAL)

Anderson J. Pugh Signature
Burgettstown, Pa., R.D. 0 P.O. Address

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

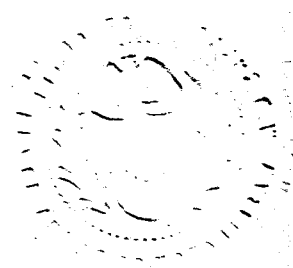
Received for filing on JUN 25 1942 by Notary Public, Registrar.

200030
JUN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelopes bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

355-101-022 2A

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

349908

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Parker
(c) Street Address or R.F.D. No. 1000
(d) Name of Hospital or Maternity Home: m

(e) Mother's stay BEFORE delivery:

IN THIS county 10 years — months — days

4. FULL NAME OF CHILD

GOLDEN LEE

6. Sex male

7. Twin or Triplet m

If so—born 1st, 2nd, 3rd

10. FULL NAME

LEE NICHOLAS LEE

11. Color White

12. Age at time of THIS birth 2 yrs.

13. Birthplace Los Angeles

(City or town)

(State or foreign country)

14. Exact Occupation C.P. L.

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State ID (b) County Blaine

(c) City LAKE

(d) Street Address or R.F.D. No. 1000

(e) How long has MOTHER lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child (Month, day, year) Aug. 1, 1910

8. No. months of Pregnancy 9

9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME

Lillian Virginia Nelson

17. Color White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Ill

(City or town)

(State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 32 years, and that

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 22 day of JUNE, 1942

(SEAL)

John H. Lee
My Commission Expires January 31, 1943

Signature John H. Lee
Address 3150 Walnut - Monrovia

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-91, Idaho Code.)

Received for filing on

JUN 25 1942

by

John H. Lee
Notary Public, residing at 3150 Walnut - Monrovia
NOTARY PUBLIC
COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

Registrar.

JUN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 192nd Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-215029493

349921

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Palouse</u> (c) Street Address or R.F.D. No. <u>in</u> (d) Name of Hospital or Maternity Home: <u>X</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Palouse</u> (d) Street Address or R.F.D. No. <u>Wash.</u> (e) How long has MOTHER lived in Idaho? <u>40</u> yrs.	
4. FULL NAME OF CHILD <u>Margaret Roberta Bowers</u>		3. RESIDENCE OF FATHER (city, state) <u>Deceased</u> 5. Date of Birth of Child (Month, day, year) <u>6-15-1910</u>	
6. Sex <u>female</u>	7. Twin or Triplet <u>Triplet</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Claude Ellis Bowers</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>33</u> yrs. 13. Birthplace <u>Idaho</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>May Georgia Dickinson</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>22</u> yrs. 19. Birthplace <u>Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
 23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 12 A.M. on the date (Born alive, stillborn)
 and at the place stated above, and that the following particulars were furnished by May Bowers, who is related to this child as..... (First name) (Last name)
 (Mother, etc.)

25. Attendant's
OWN signature M.D. Address Date
May Bowers Midwife 1500 1/2 E. Sprague Idaho

State of Idaho County of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 33 years of age, that I have known this person for 32 years, and that Deceased, who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 23rd day of June, 1942.
 (SEAL) Jim. Ralston Notary Public, residing at Idaho
 (Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)
 Signature May Bowers
 P.O. Address 1500 1/2 E. Sprague Idaho

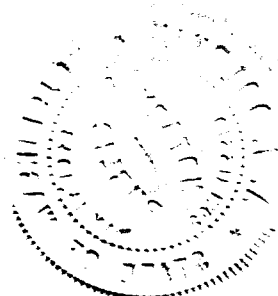
Received for filing on JUN 25 1942 by May Bowers, Registrar.

JUN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



547102 010-367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

349929
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **BONNEVILLE** (b) City **GRAY**
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
PRIVATE HOME
(e) Mother's stay BEFORE delivery:
IN THIS county **UNKNOWN** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **IDAHO** (b) County **BONNEVILLE**
(c) City **GRAY**
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? **26** yrs.

3. RESIDENCE OF FATHER (city, state) **GRAY IDAHO**

5. Date of Birth of Child
(Month, day, year) **AUGUST 2, 1910**

4. FULL NAME OF CHILD **JOSEPH GLEN EMPEY**

6. Sex **MALE** 7. Twin or Triplet **SINGLE** If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **YES**

FATHER OF CHILD

10. FULL NAME **DELLROY EMPEY**
11. Color **WHITE** 12. Age at time of THIS birth **29** yrs.
13. Birthplace **LEHI UTAH**
(City or town) (State or foreign country)
14. Exact Occupation **FARMER**
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME **MARY LORANNIE COX**
17. Color **WHITE** 18. Age at time of THIS birth **26** yrs.
19. Birthplace **OMFORD IDAHO**
(City or town) (State or foreign country)
20. Exact Occupation **HOUSE WIFE**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **NONE**

23. Number of children of this mother: (a) At time of birth and including this child **3** (b) Born alive and now living **3**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **XXXXXXXXXX** M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of **IDAHO** County of **BINGHAM** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **SISTER** of the person whose name appears in Item 4, above, that I am now **37** years of age, that I have known this person for **32** years, and that

MRS. **UNKNOWN MADISON** who attended this birth **IS NOW DECEASED** I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

MY COMMISSION EXPIRES NOV. 22, 1942

Mary Empey Norris Signature
FORT HALL IDAHO P. O. Address

Subscribed and sworn to before me this **26th** day of **June**, 19 **42**
(SEAL) *Grace C. Sumner*

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **JUN 25 1942** by *Mary E. Fisher* Registrar.

JUN 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

245-210 000-662

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

349950

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (a) County Fremont (b) City Cedron
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 21 years month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Cedron
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 21 yrs.
(f) Mother's mailing address Cedron

3. RESIDENCE of FATHER (city, state) Cedron

4. FULL NAME OF CHILD EDNA ELLEN KUNZ 5. Date of Birth (Month, day, year) Dec. 10, 1910

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____ 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel Kunz, Jr.
11. Color White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Montpelier, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Helen Maude Foster
17. Color White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Camp Floyd, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JUN 24, 1942 (Date received) (b) Samuel Kunz (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____
(D.O., Midwife, etc.)
and address _____ Date _____

State of United States of America
County of Territory of Alaska ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Samuel Kunz, being first duly sworn, say that I am related
Edna Ellen Kunz as father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Ora Keith, who attended said birth Cannot be located (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Samuel Kunz Signature
P. O. Address _____

Subscribed and sworn to before me on this 16th day of June, 1942

(SEAL)

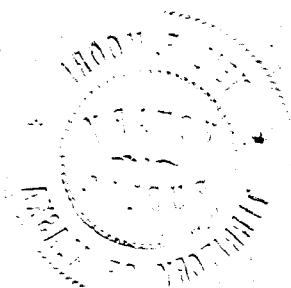
Neil P. Pearson Notary Public, residing at Juneau, Alaska
My commission expires My commission expires April 28th, 1946

JUN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

259 230 025-238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

349966

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Idaho (b) City Butte
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: No Hospital
(e) Mother's stay **BEFORE** delivery:
IN THIS county 0 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Idaho
(c) City Butte city
(d) Street Address or R.F.D. No. no number
(e) How long has MOTHER lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Butte, Idaho

4. FULL NAME OF CHILD Almeda Bernice Keiber

6. Sex Female 7. Twin or Triplet one If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Aug. 30th 1910
8. No. months of Pregnancy 9 mo 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Henry Keiber
11. Color White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Phila Walnut, Pa.
(City or town) (State or foreign country)
14. Exact Occupation Locomotive Engineer
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Mathilda Helen Schneider
17. Color White 18. Age at time of THIS birth 34 yrs.
19. Birthplace New Britain Germany
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2nd. (b) Born alive and now living 4th

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at Butte M. on the date Aug. 30th 1910 and at the place stated above, and that personal particulars were furnished by George Henry Keiber, who is related to this child as Father (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

- State of Washington County of Spokane } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

- I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 49 years, and that The Physician, who attended this birth has passed away I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1927 Session Laws.

- George Henry Keiber Signature
815 W. Pacific or Spokane Wash P. O. Address

- Subscribed and sworn to before me this 22nd day of June, 1910

- (SEAL) Alfred Aldridge Notary Public, residing at Spokane Wash

- (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

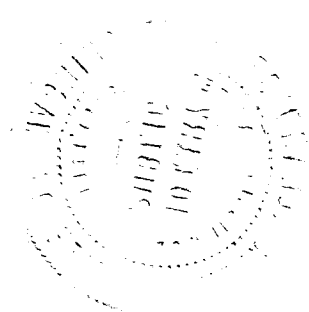
- Received for filing on JUN 23 1942 by Harry A. Keiber Registrar.

JUN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

493-118014556

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **349974**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City New Plymouth
(c) Street Address or R.F.D. No. #7
(d) Name of Hospital or Maternity Home: none

(e) Mother's stay **BEFORE** delivery:

IN THIS county 7 years months days

4. FULL NAME OF CHILD

John Dale Dillon

6. Sex Male

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Hargis C. Dillon

11. Color White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Watahka, Ill.

(City or town)

(State or foreign country)

14. Exact Occupation farmer

15. Industry or Business farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME

Glorence May Newburn

17. Color White

18. Age at time of THIS birth 30 yrs.

19. Birthplace Wenona, Ill.

(City or town)

(State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Bonnie at 8 A. M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Glorence Dillon, who is related to this child as mother (First name) (Last name)

25. Attendant's OWN signature J. T. O'Connell

M.D. ☒ Midwife ☐

Address Good Rice Date 6-1-42

State of Idaho

County of Payson

ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that (First name) (Last name) who attended this birth. (Is now deceased) or (Cannot be located)

I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Glorence May Dillon Signature
New Plymouth, Idaho P. O. Address

Subscribed and sworn to before me this 10 day of June, 1942

(SEAL)

Emma H. Hulse

Notary Public, residing at New Plymouth

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

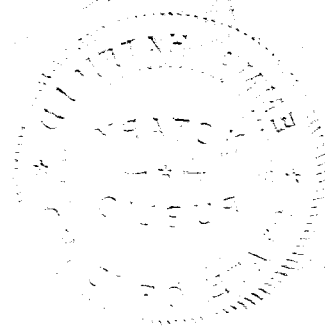
Received for filing on JUN 24 1942 by Thos. J. Hulse Registrar.

JUN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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418-221025-128

350022

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....

(e) Mother's stay BEFORE delivery:

IN THIS county 7 years months days

4. FULL NAME OF CHILD

Lyda Maude Mahurin

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

10. FULL NAME

Thomas Clark Mahurin

11. Color or Race

White

12. Age at time of THIS birth

32 yrs.

13. Birthplace

Minidoka

Idaho

(City or town)

(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho

(c) City Grangeville

(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville, Idaho

5. Date of Birth of Child

(Month, day, year) Aug. 21, 1910

8. No. months of Pregnancy

9

9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary Ashpugh

17. Color or Race

White

18. Age at time of THIS birth

30 yrs.

19. Birthplace

Bullman,

Washington

(City or town)

(State or foreign country)

20. Exact Occupation

Taught school before marriage

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 31 years, and that

Edna who attended this birth. I further state that

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Mahurin Signature
Ramona 2, Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of June 1942

(SEAL)

E. S. Peterson

June

Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

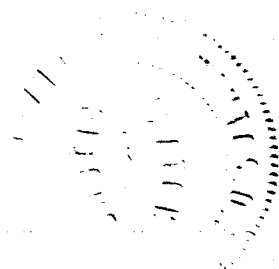
Received for filing on JUN 26 1942 by Mabel Fredeen Registrar.

JUN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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816 212-029 115

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

350027
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In the home
(e) Mother's stay BEFORE delivery: 3 years 5 months 5 days
IN THIS county
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 33 yrs.
3. **RESIDENCE OF FATHER** (city, state) Troy, Idaho

4. **FULL NAME OF CHILD** Rulda Linnea Hjort
5. Date of Birth of Child (Month, day, year) Dec. 12, 1910
6. Sex female 7. Twin or Triplet no. If so—born 1st, 2nd, 3rd 4th 8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Carl Gustave Hjort
11. Color white 12. Age at time of THIS birth 35 yrs.
13. Birthplace Sweden
(City or town) (State or foreign country)
14. Exact Occupation Dairyman
15. Industry or Business Dairy
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Brita Janson
17. Color white 18. Age at time of THIS birth 33 yrs.
19. Birthplace Hudiksvall Sweden
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho ss.
County of Latah

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 31 years, and that Mr. Leo H. Olson who attended this birth Cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 24 day of June, 1942
(SEAL) Brooke Notary Public, residing at Troy Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-913, Idaho Code Annotated.)

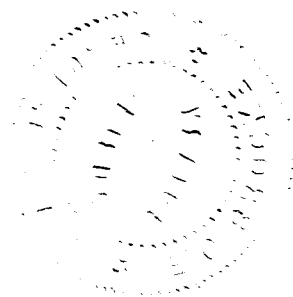
Received for filing on JUN 26 1942 by Mary E. Johnson Registrar.

JUN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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719 129 022 815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

350045

State File No.....
Local Reg. No.....
Reg. Dist. No.....

- 1. PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years 17 months 17 days
- 2. USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
- 3. RESIDENCE OF FATHER** (city, state)

- 4. FULL NAME OF CHILD** Edward Hansen Parkinson
5. Date of Birth of Child (Month, day, year) 12/29/1910
6. Sex male **7. Twin or** Triplet **If so—born** 1st, 2nd, 3rd
8. No. months of Pregnancy 9 **9. Legitimate?** yes

- FATHER OF CHILD**
10. FULL NAME Timothy G. Parkinson
11. Color White **12. Age at time of THIS birth** 34 yrs.
13. Birthplace Wellsville, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business same
- MOTHER OF CHILD**
16. FULL MAIDEN NAME Sarah Hansen
17. Color white **18. Age at time of THIS birth** 32 yrs.
19. Birthplace Logan, Utah
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business same

- 22. Name prophylactic used to prevent Ophthalmia Neonatorum** none
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

- 24. I HEREBY CERTIFY** That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

- 25. Attendant's OWN signature** Idaho **M.D.** **Midwife** **Address** **Date**
Madison **State of** **County of** **ss.** **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

- I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 32 years, and that Dr. George Hyde who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

- Sarah Hansen Parkinson Signature
Rexburg, Idaho P. O. Address
Subscribed and sworn to before me this 16th day of June, 19 42
(SEAL) [Signature] Notary Public, residing at Rexburg, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

- Received for filing on JUN 26 1942 by Mary E. Fisher Registrar.

JUN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Trwin Speed
City of Castleford
No. _____ St. Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE 350080
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 350080

(If born in hospital or institution give name.) Prim Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Edward Franklin Stratton

3. Sex Male If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term yes 7. Legiti- mate? yes 8. Date of birth June 8, 1940 (Month, Day, Year)

9. Full name William Oliver Stratton FATHER 18. Full maiden name Iris Ann Lincoln MOTHER

10. Residence (usual place of abode) Castleford, Idaho (If non-resident, give place and State) 19. Residence (usual place of abode) Castleford, Idaho (If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 29 (years) 20. Color or race White 21. Age at last birthday 40 (years)

13. Birthplace (city or place) Kenora, Utah (State or Country) 22. Birthplace (city or place) Grays Lake, Idaho (State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farming 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Tassel Hotel

16. Date (month and year) last engaged in this work 1921 17. Total time (years) spent in this work 7 25. Date (month and year) last engaged in this work Working now 19. _____ 26. Total time (years) spent in this work 40

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 2 a. m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

(Signed) _____, M. D. or deceased _____, Midwife

Address _____

Filed JUN 30 1942 193 Marj E. Edgar Registrar.

Registrar.

DELAYED

239-108042-395

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICSState of IdahoCounty of Ada

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Iris Ann Stratton

being first duly sworn says that

is the mother of Edward Franklin Stratton
(Relationship of child)*born June 8, 1910 at Castleford, Idaho,
(Date of birth)whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Edward Franklin Strattonhereto attached are true and correct as stated therein, and that this birth has not been previously recorded.Affiant further states that Mrs. Bayington, M. D., was the medical attendant at the birth of said Edward Franklin Stratton and that the said medical attendant is now deceased

(Now deceased (or) cannot be located)

Name of Affiant Iris Ann StrattonP. O. Address Isrell Hotel Prestella, IdahoSubscribed and sworn to before me this 29th day of June, 1942James H. Smith, Jr.
Notary Public.Residing at Boise, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUN 30 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

799 125016 281

350103

350103

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County CASSIA (b) City OKLEY
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County CASSIA
(c) City OKLEY
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) OKLEY, IDAHO

5. Date of Birth of Child
(Month, day, year) MAY 25, 1910

4. FULL NAME OF CHILD

GORDON DEAN GRIFFITH

6. Sex MALE 7. Twin or Triplet

If so—born 5th
1st, 2nd, 3rd 5th

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JAMES HARRIS GRIFFITH

11. Color WHITE 12. Age at time of THIS birth 39 yrs.

13. Birthplace TOOLE, UTAH
(City or town) (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY JANE SHARP

17. Color WHITE 18. Age at time of THIS birth 30 yrs.

19. Birthplace PRESTON, IDAHO
(City or town) (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of California
County of Santa Clara } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 61 years of age, that I have known this person for 32 years, and that

Dr. Floyd Oldham who attended this birth cannot be located I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 26th day of June, 1942

(SEAL)

Notary Public, residing at Sunnyvale, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

COMMISSION EXPIRES APRIL 6, 1943

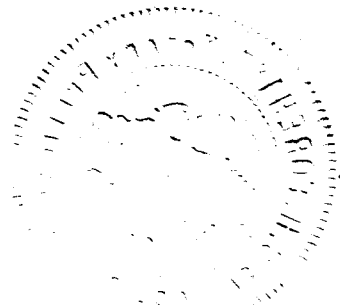
Received for filing on JUN 29 1942 by Mary Griffith Lyons, Registrar.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

753-211-029-982 JUL 1

350105

350105

United States
Department of Commerce
Bureau of the Census

(Be 1942 the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County LATAH (b) City Moscow
(c) Street Address or R.F.D. No. 945 E 7th St
(d) Name of Hospital or Maternity Home: S. A. Miller
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County LATAH
(c) City Moscow
(d) Street Address or R.F.D. No. 945 E 7th St
(e) How long has MOTHER lived in Idaho? Since 1911 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD Ruby Violet Peterson

5. Date of Birth of Child
(Month, day, year) May 11, 1911

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Victor Pear Peterson
11. Color White 12. Age at time of THIS birth 42 yrs.
13. Birthplace Sweden
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie Rebecca
17. Color White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Sweden
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Kan. } ss.
County of Spokane

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the A. K. T. of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 41 years, and that D. T. Peterson who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 23rd day of June 1942
(SEAL) Mary Olson Notary Public, residing at Spokane Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by Mary Fielder, Registrar.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 33, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

453 210 001 JUL 1 1942

United States
Department of Commerce
Bureau of the Census

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **350118**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1215 Harrison Bldg
(d) Name of Hospital or Maternity Home: Carnell Maternity Home
(e) Mother's stay BEFORE delivery:
IN THIS county years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine
(c) City Osama
(d) Street Address or R.F.D. No. Osama, Idaho
(e) How long has MOTHER lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

5. Date of Birth of Child
(Month, day, year) June 10, 1910

4. FULL NAME OF CHILD Blanche Belle DeLapp

6. Sex Female 7. Twin or Triplet 1st born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. FULL NAME Harry Alexander DeLapp
11. Color White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Anacostia Washington
(City or town) (State or foreign country)
14. Exact Occupation Cattle man
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Grace May Chittwood
17. Color White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Payette Idaho
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Dr. Celestus (Deceased), who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Mrs Anna M Carnell M.D. Midwife Address 1815 Harrison Bldg Date June 10 1942

State of ss.
County of

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears
in Item 4, above, that I am now years of age, that I have known this person for years, and that
(First name) (Last name) (Is now deceased) or (Cannot be located)
who attended this birth. I further state that
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this day of 19.....

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by Maurice E. Eder, Registrar.

JUL 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bonner (b) City Cocolalla
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bonner
(c) City Cocolalla
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? two yrs.

3. RESIDENCE OF FATHER (city, state) Cocolalla

5. Date of Birth of Child
(Month, day, year) Sept. 9, 1910

4. FULL NAME OF CHILD Florence Emma Longworth

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Roy Longworth
11. Color or Race white 12. Age at time of THIS birth 21 yrs.
13. Birthplace Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Brewster
17. Color or Race white 18. Age at time of THIS birth 17 yrs.
19. Birthplace Iowa
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington } ss.
County of Pierce

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 31 years, and that Dr. Mc Kinnon, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Longworth Signature
Spanaway, Washington P. O. Address

Subscribed and sworn to before me this 24th day of June, 1942.
(SEAL) Elizabeth B. Breckenridge Notary Public, residing at Spanaway, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

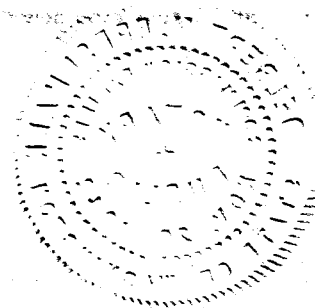
Received for filing on JUN 29 1942 by Marj E. Elder Registrar.

JUL 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Nez Perce</u> (b) City <u>Gifford</u> (c) Street Address or R.F.D. No. <u>Farm</u> (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>8</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City <u>Gifford</u> (d) Street Address or R.F.D. No. <u>Farm</u> (e) How long has MOTHER lived in Idaho? <u>14</u> yrs.	
4. FULL NAME OF CHILD <u>Walter Fred Stoerck</u>		3. RESIDENCE OF FATHER (city, state) <u>Gifford, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Jan. 30, 1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Fred Daniel Stoerck</u> 11. Color or Race <u>German</u> 12. Age at time of THIS birth <u>43</u> yrs. 13. Birthplace <u>Pommern Province, Germany</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farming</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Louise Marggraf</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>38</u> yrs. 19. Birthplace <u>Fond du Lac, Wisconsin</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>"</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Don't know</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>6</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. **Address** **Date**

State of Idaho County of Shoshone } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 32 years, and that Dr. Harrington who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

MY COMMISSION EXPIRES NOV. 19, 1944

Subscribed and sworn to before me this 25 day of JUNE, 1942.

(SEAL)

Notary Public, residing at Kellogg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 26 1942 by Mary L. Stoerck, Registrar.

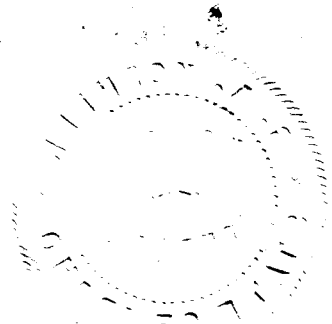
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JUN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nezperce (b) City LEWISTON
(c) Street Address or R.F.D. No. #1
(d) Name of Hospital or Maternity Home:
RESIDENCE
(e) Mother's stay **BEFORE** delivery:
IN THIS county 5 years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County NEZ PERCE
(c) City LEWISTON
(d) Street Address or R.F.D. No. #1
(e) How long has MOTHER lived in Idaho? 5 yrs.
3. **RESIDENCE OF FATHER** (city, state) LEWISTON - IDAHO

4. **FULL NAME OF CHILD** IDA GRACE SEWELL

5. Date of Birth of Child
(Month, day, year) MAR - 9 - 1910

6. Sex FEMALE 7. Twin or If so—born
Triplet 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** BENJAMIN FRANKLIN SEWELL
11. Color WHITE 12. Age at time of THIS birth 47 yrs.
13. Birthplace ASHLEY ILLINOIS
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** IDA MOORE
17. Color WHITE 18. Age at time of THIS birth 44 yrs.
19. Birthplace MISSOURI
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of CALIFORNIA } ss.
County of LOS ANGELES

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the BROTHER of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 32 years, and that DR. JOHN PERKINS, who attended this birth Can not be located, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 27th day of JUNE 1910
(SEAL) E. H. Foulkes Notary Public, residing at 3018 Bascom Ave. Culm Ct. P. O. Address

(Note: Perjury is punishable as a felony in Idaho; see Sec. N-914 Idaho Code Annotated Nov. 8, 1942)

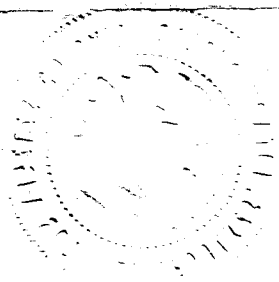
Received for filing on JUN 29 1942 by Mary E. Blaker Registrar.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

214-215010-755

350147

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bannockville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Cliff
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Bonneville
(c) City Idaho Falls, Idaho
(d) Street Address or R.F.D. No. 124 Jay Street
(e) How long has MOTHER lived in Idaho? 3 yrs.

4. FULL NAME OF CHILD

Gerardene Ramona Tamsel

5. Date of Birth of Child
(Month, day, year) Sept. 15, 1910

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd — 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Isaac Tamsel
11. Color White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Dunnegan, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Blanche Beatrice Gentle
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Atlantic, Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was — at — M. on the date —
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by —, who is related to this child as —
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Address Date

State of Idaho County of Bannock ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 21 years, and that Anno Finley, who attended this birth is now deceased. I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Blanche B. Goddard Signature
Patterson, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of June, 1910
(SEAL) [Signature] Notary Public, residing at Idaho, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code.)

Received for filing on JUN 29 1942 by [Signature] Registrar.

SEP 7 1972

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JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

632-208035 845

350149

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Magpence (b) City Russell
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 8 years 1 months 23 days

4. FULL NAME OF CHILD

Dorothy Marie Olsen

6. Sex girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Martin Morgan Olsen

11. Color white 12. Age at time of THIS birth 48 yrs.

13. Birthplace Denmark
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hattie Orena Huntly

17. Color white 18. Age at time of THIS birth 38 yrs.

19. Birthplace Russell Idaho
(City or town) (State or foreign country)

20. Exact Occupation Farmer wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at 3 P. M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as mother
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Mrs. Edith Murphy M.D. Midwife Address Orofino Date June 1944

State of..... ss.
County of.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that

....., who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1942 by W. A. ... Registrar.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-231004586

350166

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BEAR LAKE (b) City DINGLE
(c) Street Address or R.F.D. No. N.O.
(d) Name of Hospital or Maternity Home: BORN AT HOME
(e) Mother's stay BEFORE delivery:
IN THIS county 26 years 4 months 11 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BEAR LAKE
(c) City DINGLE
(d) Street Address or R.F.D. No. NO
(e) How long has MOTHER lived in Idaho? 26 yrs.
3. RESIDENCE OF FATHER (city, state) DINGLE, IDAHO.

4. FULL NAME OF CHILD SARAH EMILY BOOTH
6. Sex FEMALE 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd 1st

5. Date of Birth of Child (Month, day, year) DEC. 31-1910

FATHER OF CHILD
10. FULL NAME HERMAN M. BOOTH
11. Color WHITE 12. Age at time of THIS birth 24 yrs.
13. Birthplace ST. CHARLES IDAHO
(City or town) (State or foreign country)
14. Exact Occupation FARMER - SELF.
15. Industry or Business FARMING

MOTHER OF CHILD NOWLAND
16. FULL MAIDEN NAME AMANDA BOOTH
17. Color WHITE 18. Age at time of THIS birth 26 yrs.
19. Birthplace DINGLE IDAHO
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
in Item 4 above, that I am now 57 years of age, that I have known this person for 31 years, and that
DR. ASHLEY, who attended this birth 15 NOW DECEASED I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

✓ Amanda Booth Signature
7358 CRANER STREET, ROSCOE, CALIF. P. O. Address

Subscribed and sworn to before me this 9 day of June, 19 42
(SEAL) Murray Layton Notary Public, residing at Roscoe Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated; Commission Expires Jan. 29, 1946)

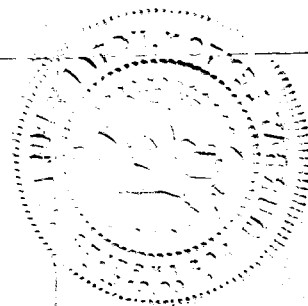
Received for filing on JUN 17 1942 by Mary K. Eber Registrar.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



363 211032 235

350196

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Trumpert
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Trumpert
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 23 yrs.

4. FULL NAME OF CHILD Margaret Cotter

6. Sex Female Twin or Triplet If so—born 1st, 2nd, 3rd 2nd

FATHER OF CHILD
10. FULL NAME Charles P. Cotter
11. Color white **12. Age at time** 42 yrs.
or Race white of THIS birth 42 yrs.
13. Birthplace State of New York
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

3. RESIDENCE OF FATHER (city, state) Idaho
5. Date of Birth of Child (Month, day, year) Nov 11 1910
8. No. months of Pregnancy 9 **9. Legitimate?** yes

MOTHER OF CHILD
16. FULL MAIDEN NAME Catherine Steirick
17. Color white **18. Age at time** 31 yrs.
or Race white of THIS birth 31 yrs.
19. Birthplace Illinois
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature [Signature] **M.D.** [Signature] **Address** [Address] **Date** [Date]

State of Idaho County of Lincoln ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 31 years, and that she is dead, who attended this birth deceased. I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Catherine Brown Signature
P. O. Address

Subscribed and sworn to before me this 27th day of June, 1942
(SEAL) H. A. Boyer Notary Public, residing at Trumpert
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by Mary E. [Signature] Registrar.

JUL 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

795-124 004 863

350201

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 52

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Boise (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home Delivered at Home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Boise
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho?

4. FULL NAME OF CHILD

Ben E. Phelps

5. Date of Birth of Child

(Month, day, year) Sept. 24, 1910

6. Sex

Male

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

Yes

10. FULL NAME

FATHER OF CHILD
Walter Geo. Phelps

11. Color or Race

White

12. Age at time of THIS birth

31 yrs.

13. Birthplace

Montpelier, Idaho
(City or town) (State or foreign country)

14. Exact Occupation

Barber

15. Industry or Business

Tonsorial

MOTHER OF CHILD

16. FULL MAIDEN NAME

Ella Halmgren

17. Color or Race

White

18. Age at time of THIS birth

33 yrs.

19. Birthplace

St. Charles, Minn.
(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

Argrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Comatose M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Ella Phelps, who is related to this child as Mother, etc. (First name) (Last name)

25. Attendant's OWN signature

N. Halmgren

M.D. Address

Montpelier, Ida.

June 19, 1942

State of ss.
County of

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that

(First name) (Last name) who attended this birth. I further state that

(Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this day of 19.....

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942

by Mar. E. E. E. Registrar.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

263 201 006 381

350226

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. Route 1
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
IN THIS county 13 years 7 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. Route 1
(e) How long has MOTHER lived in Idaho? 13 yrs.

4. **FULL NAME OF CHILD** EUNICE BOLANDER
6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Same
5. Date of Birth of Child, (Month, day, year) March 1, 1910
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** John Wego Carl Bolander
11. Color White 12. Age at time of THIS birth 23 yrs.
13. Birthplace Aslborg Denmark
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Jane Chapman
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Idaho Falls Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** Mary Brown M.D. Midwife Address California Date Los Angeles

State of California County of Los Angeles ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for all her years, and that Mary Brown who attended this birth do not know address I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Jane Bolander Signature
453 E. Olive Ave., Burbank, Calif. P. O. Address

Subscribed and sworn to before me this 8th day of June, 1942
(SEAL) Stellen Brady Notary Public, residing at Burbank, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1947 by Mary E. Fisher Registrar.

NOV 16 1970

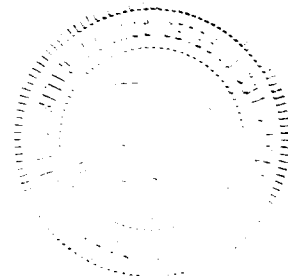
JUL 1

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

383-101029 254

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

350257

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Dr. Carothers Hospital
(e) Mother's stay BEFORE delivery: _____
In Hosp. or Mat. Home. 12 days.
In THIS county _____ years _____ month _____ days.
2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 22 yrs
(f) Mother's mailing address _____
3. RESIDENCE of FATHER (city, state): _____

4. FULL NAME OF CHILD Vernon Williams Tyler 5. Date of Birth (Month, day, year) July 1 - 1910
6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd 1 8. No. months of Pregnancy _____ 9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|--|--|--|
| 10. FULL NAME <u>Albin Williams Tyler</u> | 16. FULL MAIDEN NAME <u>Maudie Adele Knudson</u> | | |
| 11. Color or Race <u>white</u> | 17. Color or Race <u>white</u> | 12. Age at time of THIS birth <u>27</u> yrs. | 18. Age at time of THIS birth <u>23</u> yrs. |
| 13. Birthplace <u>Tekoa Wash</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Gitchfield Minn</u>
(City or town) (State or foreign country) | | |
| 14. Exact Occupation <u>Electrician</u> | 20. Exact Occupation <u>Housewife</u> | | |
| 15. Industry or Business <u>Electric</u> | 21. Industry or Business _____ | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JUN 29 1942 (Date received) (b) Maudie A. Tyler (Registrar's signature)
25. Attendant's OWN signature _____ M.D. _____ (D.O., Midwife, etc.)
27. Given name added on _____ by _____ and address _____ Date _____ (Registrar's signature)

State of Washington ss.
County of Itasca

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Maudie A. Tyler, being first duly sworn, say that I am Mother (Related to (or) acquainted with)
Vernon Williams Tyler as Mother (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Walter (Name of attendant at birth), who attended said birth deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Maudie A. Tyler

Signature

P. O. Address

Subscribed and sworn to before me on this 26th day of June, 1942

(SEAL)

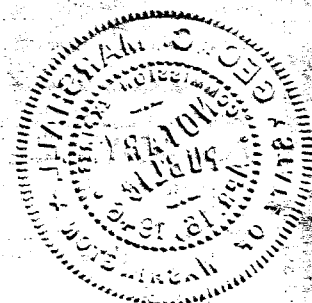
Geo. C. Marsh Notary Public, residing at _____, _____
Notary Public in and for the State of Washington, Residing at Bremerton.

JUL 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

231-208032-136

350263

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Lingeluh</u> (b) City <u>Gooding</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: IN THIS county years <u>6</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State..... (b) County..... (c) City..... (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?.....yrs.	
4. FULL NAME OF CHILD <u>Wilda Faith Stanfield</u>		5. Date of Birth of Child (Month, day, year) <u>Nov. 8, 1910</u>	
6. Sex <u>Female</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Carlos Lendor Stanfield</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>29</u> yrs. 13. Birthplace <u>RILEY KANSAS</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Carpenter</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Floy Zelota Atwell</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>23</u> yrs. 19. Birthplace <u>Douglas Kansas</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature.....**M.D.**.....**Address**.....**Date**.....
Midwife

State of Oklahoma ss.
County of Osage

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 31 years, and that Dr. F. T. Cary, who attended this birth is now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Floy S. Stanfield Signature
223 1/2 W. 1st street, Okla City, Okla P. O. Address

Subscribed and sworn to before me this 27 day of June, 1942.
(SEAL) Ed Briggs Notary Public, residing at Lawton Okla.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My com. expires June 5, 1945.

Received for filing on JUN 30 1942 by Malcolm H. Hefner Registrar.

JUL 1 1942

8761

8 700

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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386 118016-231

350270

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Lyon Bldg. Cr. Shupe
(d) Name of Hospital or Maternity Home: & Bdw.
(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years 11 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Lyon Bldg. Cr. Shupe & Bdw.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Id a

4. **FULL NAME OF CHILD** Ezra Clay Lyon
7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd
6. Sex Male 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Harry Clay Lyon
11. Color White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Manhattan Kansas
(City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Merchant

5. Date of Birth of Child (Month, day, year) May 18, 1910
MOTHER OF CHILD
16. **FULL MAIDEN NAME** Pearl Slater
17. Color White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Slaterville Utah
(City or town) (State or foreign country)
20. Exact Occupation Merchant
21. Industry or Business Merchant

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature.....M.D. Midwife Address Date
State of.....County of.....} ss.
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 32 years, and that.....
(First name) (Last name) Dr. Fuller.....who attended this birth.....I further state that.....
(Is now deceased) or (Cannot be located) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Pearl Lynn Harris Signature
501 East Fesler, Santa Maria, California P. O. Address

Subscribed and sworn to before me this 25 day of June, 19 42
(SEAL).....Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My Commission Expires August 21, 1945)

Received for filing on JUN 29 1942 by Mabel J. Fisher Registrar.

MAY 26 1943

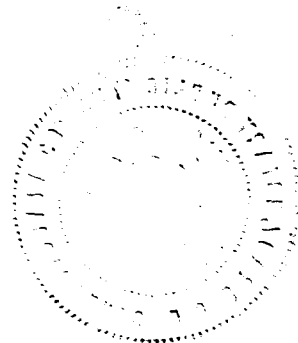
JUL 30 1968

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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350288

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Kootenai</u> (b) City <u>Coeur d'Alene</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>7</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Kootenai</u> (c) City <u>Coeur d'Alene</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>7</u> yrs. yrs.	
4. FULL NAME OF CHILD <u>WALTER Ray Amell</u>		5. Date of Birth of Child (Month, day, year) <u>June 30 - 1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>Triplet</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>

FATHER OF CHILD 10. FULL NAME <u>Oliver Lewis Amell</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>33</u> yrs. 13. Birthplace <u>Embarrass Wisc.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Teamster</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Clara Belle Deremore</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>23</u> yrs. 19. Birthplace <u>Lansing Iowa</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum No

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
 (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Idaho **M.D.** Kootenai **Midwife** **Address** **Date**
 State of.....County of.....} ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 31 years, and that Dr. John C. Dwyer....., who attended this birth.....is deceased.....I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Clara Amell Signature
1138-6th Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of June, 19 42.
 (SEAL) Notary Public Notary Public, residing at Coeur d'Alene
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by Matthias Registrar.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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791-228035235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **350293**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Payette (b) City Orshantra
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Payette
(c) City Orshantra
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.

4. FULL NAME OF CHILD

Edna Elaine Platt

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

10. FULL NAME

Edward L. Platt

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace

(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Florine M. Blevins

17. Color or Race W

18. Age at time of THIS birth 21 yrs.

19. Birthplace

(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at Orshantra on the date 6-17-42 (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Florine Platt who is related to this child as (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature J. M. Lyle

M.D. Midwife

Address Twiston Id Date 6-17-42

State of ss.
County of

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this day of 19.....

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by Mabel E. Eder, Registrar.

JUL 1 1942

APR 14 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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313 715040946

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

350338

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No. P.O. Box 46
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No. P.O. Box 46
(e) How long has MOTHER lived in Idaho? 3 yrs.

4. FULL NAME OF CHILD

William Latunen

5. Date of Birth of Child

(Month, day, year) May 15 1910

6. Sex male

7. Twin or Triplet One

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Matti Latunen

11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Luostane, Finland
(City or town) (State or foreign country)

14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Lempi Johanna Ruona

17. Color White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Luostane, Finland
(City or town) (State or foreign country)

20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Washington }
County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 32 years, and that Mrs. Wilja E. Naro, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Wilja E. Naro Signature

Route 3 Box 170, Huguem, Wash. B. O. Address

Subscribed and sworn to before me this 29 day of June, 1942

(SEAL)

Harner Gayhoun Notary Public, residing at Huguem, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by Mary E. Eder Registrar.

JUL 2 1942

FEB 13 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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464-120 036 955

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **350356**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No. On a farm
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
IN THIS county X years 6 months X days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. On a farm
(e) How long has MOTHER lived in Idaho? 6 mo. yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD.** STEVEN RAY DOUTRE

5. Date of Birth of Child,
(Month, day, year) Sept. 20, 1910

6. Sex Male 7. Twin or Triplet X If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME.** STEVEN DOUTRE
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Gentry, Minnesota
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME.** ALBURTON LEDOOR RENFROE
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Alachua, Florida
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home making

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know 1010 before Nov
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at Malad M. on the date Sept. 20, 1910
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Dr. D. C. Ray, who is related to this child as son (First name) (Last name)

25. Attendant's OWN signature Dr. D. C. Ray M.D. Dr. D. C. Ray Address Pocahontas, Idaho Date 6-30-1942
State of Arizona ss. Maricopa
County of Maricopa

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the 53 years of age, that I have known this person for since birth years, and that in Item 4, above, that I am now Dr. D. C. Ray, who attended this birth cannot be located. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alburton Ledoor Renfro Signature
121 So Palmer Dr., Mesa, Arizona P. O. Address

Subscribed and sworn to before me this 1st day of June A. D. 1942
(SEAL) Notary Public, Residing at Mesa, Arizona

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 5 1942 by Malad Registrar.

366078

JUL 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

219-109009216

350358

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home (sister's)
(e) Mother's stay BEFORE delivery:
IN THIS county 1 1/2 years months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bonner
(c) City Granite
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 12 yrs.

4. FULL NAME OF CHILD

Richard Clayton Barnes

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child Feb 9, 1910
(Month, day, year)

6. Sex male 7. Twin or Triplet — 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME David Clayton Barnes
11. Color white 12. Age at time of THIS birth 38 yrs.
13. Birthplace Lisalia, Calif.
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lulu Minnie Sawley
17. Color white 18. Age at time of THIS birth 26 1/2 yrs.
19. Birthplace Forest, Wisc.
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 6 9 M. on the date Feb 9, 1910
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Lulu M. Barnes, who is related to this child as Mother
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Lulu M. Barnes M.D. — Address — Date —
State of Idaho County of Boone ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that Lulu M. Barnes who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lulu M. Barnes Signature
P. O. Address —
Subscribed and sworn to before me this 16 day of June, 1942
(SEAL) — Notary Public, residing at Counsell
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-314, Idaho Code Annotated.)

Received for filing on JUL 2 1942 by Mabel Fredericks Registrar.

188035

NOV 15 1974

JUL 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

817 126 022 743 350422 350422

1. PLACE OF BIRTH: (a) County <u>FREMONT</u> (b) City <u>ASHTON</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Parents Home</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home <u>60</u> days. In THIS county _____ years _____ months _____ days.		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>Nevada</u> (b) County <u>Lincoln</u> (c) City <u>Alamo</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>20</u> yrs. (f) Mother's mailing address (For registration notice): <u>Mrs Wm Hagbery Alamo Nevada</u> (Street or R. F. D.) (Postoffice)	
4. FULL NAME OF CHILD <u>Leonard Wm Hagbery</u>		5. Date of Birth (Month, day, year) <u>9-26-1910</u>	
6. Sex <u>Male</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet _____		9. Legitimate? <u>yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William Hagbery</u>		16. FULL MAIDEN NAME <u>Jennie Vieve Putney</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>36</u> yrs.		18. Age at time of THIS birth <u>19</u> yrs.	
13. Birthplace <u>Iowa</u> (City or Town) (State or foreign country)		19. Birthplace <u>Ellsworth Nebraska</u> (City or Town) (State or foreign country)	
14. Exact Occupation <u>Rancher & Stockman</u>		20. Exact Occupation <u>Housewife & Mother</u>	
15. Industry or Business _____		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Penicillin</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>3</u> (c) Born alive and now dead <u>1</u> (d) Stillborn <u>none</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at <u>11:30 A.</u> M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by <u>Jennie Hagbery</u> , who is _____ (First name) (Last name) related to this child as <u>mother</u> (Mother, etc.) <u>JUL 9 1942</u> <u>Mary E. Eder</u> 26. (a) _____ (b) _____ (Date received) (Registrar's signature) 27. Given name added on _____ by _____ (Registrar's Signature)			
25. Attendant's OWN signature <u>[Signature]</u> M.D. (D.O., Midwife, etc.) and address <u>Alamo Nevada</u> Date <u>9-11-4</u>			

JUL 9 1942

REGISTRATION OF BIRTHS LOCAL REGISTRATION OF BIRTHS

SEC. 88-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 88-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, ~~householder, or owner~~ of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 88-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 88-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 88-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT (Not for certified copies)

- | | |
|---|---|
| (a) Pregnancy: Complications of..... | (d) Did baby have any: |
| | (1) Congenital Malformation?..... |
| | Describe: |
| (b) Labor: Complications: | (2) Birth Injury? |
| | Describe: |
| Induced?..... | (3) Was mother given a Wasserman before delivery? |
| | |
| (c) Was there an operation for delivery?..... | (4) Signature of Physician: |
| State all operations: | |
| | |

DELAYED

Dup of 1910-DOS-720

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

JUL 9 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

350426

350426

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Boise (b) City Horse Shoe Bend
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Boise
(c) City Horse Shoe Bend,
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Horse Shoe Bend, Idaho

5. Date of Birth of Child

(Month, day, year) 1-21-1916

4. FULL NAME
OF CHILD John Robert Clarkson

7. Twin or

Triplet

If so—born

1st, 2nd, 3rd

8. No. months

9

of Pregnancy

9. Legitimate?

yes

6. Sex Male

FATHER OF CHILD

10. FULL
NAME Frank Wylie Clarkson

11. Color White 12. Age at time 32 yrs.
or Race of THIS birth

13. Birthplace Greenton Mo.
(City or town) (State or foreign country)

14. Exact
Occupation Farmer

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN
NAME Maria Auguste Zimmer

17. Color White 18. Age at time 33 yrs.
or Race of THIS birth

19. Birthplace Dwight Ill.
(City or town) (State or foreign country)

20. Exact
Occupation House-wife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho
County of Boise } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears
in Item 4, above, that I am now 64 years of age, that I have known this person for 32 years, and that
Mary Wylie Clarkson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that

The facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Frank W. Clarkson
Horse Shoe Bend, Idaho

Signature

P. O. Address

Subscribed and sworn to before me this 4th day of June, 1942.

(SEAL)

Donald A. Clark

Notary Public, residing at Horse Shoe Bend

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires March 21, 1945

Received for filing on.....

JUL 9 1942

by.....

Mary J. Elder

Registrar.

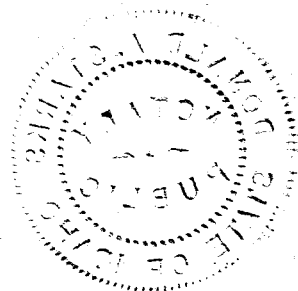
1972
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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249-126022-157

350432

350432

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 350432
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Freemont (b) City Chester
(c) Street Address or R.F.D. No. no. St. No. no.
(d) Name of Hospital or Maternity Home: parents' home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 10 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City Chester
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
3. **RESIDENCE OF FATHER** (city, state) Chester, Idaho

4. **FULL NAME OF CHILD** CLAUDE EUGENE BURT

5. Date of Birth of Child
(Month, day, year) Dec 26 1910

6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Frederick Burt
11. Color white 12. Age at time of THIS birth 56 yrs.
13. Birthplace Salt Lake City, Utah
(City or town) (State or foreign country)
14. Exact Occupation Carpentry
15. Industry or Business general building

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eunice Emma Angell
17. Color white 18. Age at time of THIS birth 44 yrs.
19. Birthplace Salt Lake City Utah
(City or town) (State or foreign country)
20. Exact Occupation Home making
21. Industry or Business no

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at Idaho M. on the date Dec 26 1910
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by me, who is related to this child as attendant
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature Idaho M.D. Adams Address Adams Date Dec 26 1910

State of Idaho County of Adams ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 31 years, and that Mrs. Jennette Brown (M.W.) who attended this birth cannot be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mary E. Hulse Signature
Fruitvale, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of July, 1942
(SEAL) Notary Public

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 26 1910 by Registrar

AUG 16 1972

AUG 10 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



113-104 027-263

350434

350434

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Crystal Hotel
(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 1 1/2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Jerome, Idaho

4. **FULL NAME OF CHILD** Arthur Emil Jacobsen

5. Date of Birth of Child
(Month, day, year) March 4, 1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Johannes Jacobsen</u>	16. FULL MAIDEN NAME <u>Wilhelmine Sophie Boldt</u>	11. Color <u>white</u>	17. Color <u>white</u>
12. Age at time of THIS birth <u>37</u> yrs.	18. Age at time of THIS birth <u>34</u> yrs.	13. Birthplace <u>Roikier, Germany</u> (City or town) (State or foreign country)	19. Birthplace <u>Phalking, Germany</u> (City or town) (State or foreign country)
14. Exact Occupation <u>farmer</u>	20. Exact Occupation <u>housewife</u>	15. Industry or Business <u>farming</u>	21. Industry or Business <u>housewife</u>

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

(Mother, etc.)

25. Attendant's **OWN** signature.....M.D. Midwife Address.....Date.....

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Twin Falls

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for all his years, and that Dr. John Schmersch, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Johanna Jacobsen Signature
P. O. Address.....

Subscribed and sworn to before me this 2nd day of July, 1942
(SEAL) W. M. Ray Notary Public, residing at Filer, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 10 1942 by W. M. Ray Registrar.

1028
JUL 10 1942

JUN 8 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

243 223 025 349 JUL 13 1942 350444 350444
United States (By) the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Lucile</u> (c) Street Address or R.F.D. No. <u>No.</u> (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>22</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Lucile</u> (d) Street Address or R.F.D. No. <u>No.</u> (e) How long has MOTHER lived in Idaho? <u>12</u> yrs.	
4. FULL NAME OF CHILD <u>Lavina Caroline Butcher</u>		5. Date of Birth of Child (Month, day, year) <u>Jan. 23, 1910</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>No</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Eben William Butcher</u>		16. FULL MAIDEN NAME <u>Annie Lena Turnbull</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>40</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>19</u> yrs.
13. Birthplace <u>State of Illinois</u> (City or town) (State or foreign country)		19. Birthplace <u>State of Idaho</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Miner & Farmer</u>		20. Exact Occupation <u>Cook & Housekeeper</u>	
15. Industry or Business <u>Farming</u>		21. Industry or Business	
22. Name prophylactic used to prevent ophthalmia Neonatorum <u>None</u>			
23. Number of children of this mother. (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Midwife _____ Address _____ Date _____

State of Idaho County of Idaho ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 32 years, and that Annie Akins, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie L. Butcher Signature
6716 N.E. 24th Portland Ore P. O. Address

Subscribed and sworn to before me this 12th day of May 1942
(SEAL) Frederic Severin Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES MAY. 31, 1943

Received for filing on JUL 13 1942 by Mary E. Selzer Registrar.

444076

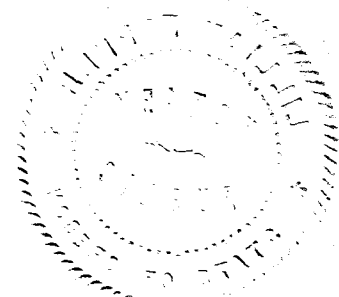
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JUL 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



845 212 001-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>ADA</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Stays in her own home.</u> (e) Mother's stay BEFORE delivery: <u>IN THIS county</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
3. RESIDENCE OF FATHER (city, state) <u>Boise, Id</u>		5. Date of Birth of Child (Month, day, year) <u>Jan. 12 1910</u>	

4. FULL NAME OF CHILD <u>Alice Grace Hunter</u>		7. Twin or Triplet		8. No. months of Pregnancy <u>9</u>		9. Legitimate? <u>No.</u>	
6. Sex <u>Female</u>		10. FULL NAME <u>Henry Cushing Hunter.</u>		11. Color <u>White</u>		12. Age at time of THIS birth <u>49</u> yrs.	

FATHER OF CHILD 13. Birthplace (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Lottie Parr</u> 17. Color <u>White</u> 18. Age at time of THIS birth <u>25</u> yrs. 19. Birthplace (City or town) (State or foreign country) <u>Encampment, Wyoming</u> 20. Exact Occupation <u>House wife</u> 21. Industry or Business	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by, who is related to this child as (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Wyoming County of Carbon ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 yr. 6 mo. years, and that Lizzie Arbuckle who attended this birth Cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Lottie Parr Hunter Signature
Encampment Wyo P. O. Address

Subscribed and sworn to before me this 26 day of June 1942

(SEAL) E. H. Woodson Notary Public, residing at Lawson

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 1942 by Mabel E. Ebers Registrar.

JUL 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

135 230029 734

350459

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Hendrick
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....

(e) Mother's stay BEFORE delivery:

IN THIS county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Hendrick
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Miriam Belle Alexander

5. Date of Birth of Child

(Month, day, year) 8-30-1910

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Sender Edward Alexander

11. Color White 12. Age at time of THIS birth 28 yrs.

13. Birthplace Lewiston, Idaho
(City or town) (State or foreign country)

14. Exact Occupation Merchant

15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Plummer

17. Color White 18. Age at time of THIS birth 25 yrs.

19. Birthplace Moscow, Idaho
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Id

22. Name prophylactic used to prevent Ophthalmia Neonatorum Rx 7023

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was 10 at P M. on the date 8-30-1910
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Martha Plummer Alexander who is related to this child as Mother
(First name) (Last name)

25. Attendant's OWN signature John E. Hoyt

M.D. Midwife

Address Spokane, Wn Date 7-14-2

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that

....., who attended this birth..... I further state that

(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 5 1942 by Martha Plummer, Registrar.

JUL 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

381-105 014-221

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

350463

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Baldwell
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
IN THIS county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Baldwell
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 4 yrs.

4. FULL NAME OF CHILD Glen Elza Chase
6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) same
5. Date of Birth of Child (Month, day, year) March 5 1940
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Elza E. Chase
11. Color white 12. Age at time of THIS birth 45 yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Lillie E. Skaggs
17. Color white 18. Age at time of THIS birth 36 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation house-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Idaho ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 32 years, and that Mary Oeder who attended this birth (I believe has since died) further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie E. Chase Signature
Gazette Pass, P.O. Box 100 P. O. Address

Subscribed and sworn to before me this 1 day of July, 1942
(SEAL) W.C. Hall Notary Public, residing at Gazette Pass
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUL 3 1942 by Mary Oeder Registrar.

JUL 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

693-123 040-419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

350465
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Shoshone (b) City Dudley
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME
OF CHILD

Robert William Williamson

6. Sex

Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

10. FULL
NAME

Asa Branch Williamson

11. Color
or Race

White

12. Age at time
of THIS birth

47 yrs.

13. Birthplace

Olympia Wash.

(City or town)

(State or foreign country)

14. Exact
Occupation

Farmer

15. Industry or
Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Shoshone

(c) City Dudley

(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state)

Dudley Idaho

5. Date of Birth of Child

(Month, day, year) June 22, 1910

8. No. months

of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

16. FULL MAIDEN
NAME

Leona Mona Martin

17. Color
or Race

White

18. Age at time
of THIS birth

33 yrs.

19. Birthplace

Mc Minnville Ore.

(City or town)

(State or foreign country)

20. Exact
Occupation

Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... 9 (b) Born alive and now living..... 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive, stillborn? at 2:30 P.M. on the date

and at the place stated above, and that personal particulars were furnished by Leona Stalder, who is related to this child as..... Mother (First name) (Last name)

(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Washington ss.
County of Shoshone

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 35 years, and that

Mrs. Norton (First name) (Last name), who attended this birth, Cannot be located (Is now deceased) or (Cannot be located). I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leona Mona Stalder
Kettle Falls

Signature

P. O. Address

Subscribed and sworn to before me this 26th day of May, 1942

(SEAL)

Bertha A. Cathcart

Notary Public, residing at Wenatchee Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 17 1942

by

John E. Evers

Registrar.

301070
JUL 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

499-205042 512

350479

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 4 years months days

4. FULL NAME OF CHILD

Elia Alberta Urie

6. Sex

female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

10. FULL NAME

Joseph Howard Urie

11. Color or Race

White

12. Age at time of THIS birth

27 yrs.

13. Birthplace

Black Hawk Colorado

(City or town)

(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Twin Falls

(c) City Twin Falls

(d) Street Address or R.F.D. No. Gen. Del.

(e) How long has MOTHER lived in Idaho? 36 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls Ida.

5. Date of Birth of Child

(Month, day, year) Jan. 5, 1910

8. No. months of Pregnancy

9

9. Legitimate?

FATHER OF CHILD

MOTHER OF CHILD

16. FULL NAME

Jessie Jane Easton

17. Color or Race

White

18. Age at time of THIS birth

32 yrs.

19. Birthplace

Evanton Wyoming

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE at 2 A.M. M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Missie Urie who is related to this child as GRANDMOTHER (First name) (Last name)

25. Attendant's OWN signature

Missie Urie

Midwife

Address

TWIN FALLS, IDA

Date

JUNE 29, 1942

State of.....ss.
County of.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that

....., who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by MISSIE URIE Registrar.

JUL 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

359 125 028 - 793

350487

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 743 Government way
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county 5 years 8 months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 743 Government way
(e) How long has MOTHER lived in Idaho? 5 yrs.

4. FULL NAME OF CHILD

Carl Clemens Leithe

5. Date of Birth of Child

(Month, day, year) April 25-1910

6. Sex

male

7. Twin or

Triplet

If so, born

1st 2nd, 3rd

8. No. months

9 of Pregnancy

9. Legitimate?

yes

10. FULL NAME

Chris K. Leithe

11. Color or Race

white

12. Age at time

37 yrs.

13. Birthplace

Norway

(City or town)

(State or foreign country)

14. Exact Occupation

Merchant

15. Industry or Business

Merchant

MOTHER OF CHILD

16. FULL MAIDEN NAME

Anna K. Gilbertson

17. Color or Race

white

18. Age at time

35 yrs.

19. Birthplace

Battle Lake, Minnesota

(City or town)

(State or foreign country)

20. Exact Occupation

house wife

21. Industry or Business

house wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's Dr. Hunter deceased M.D.
OWN signature Midwife Address Date

State of Idaho ss.
County of Kootenai

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for.....years, and that.....
(First name) (Last name) (Is now deceased) or (Cannot be located)

....., who attended this birth..... I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 9 day of.....

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 1942 by....., Registrar.

JAN 26 1973

JUL 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

464-209-022 469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **350500**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Fremont</u> (b) City <u>St. Anthony</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>34</u> years months - days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Fremont</u> (c) City <u>St. Anthony</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>34</u> yrs.	
4. FULL NAME OF CHILD <u>Helene Virginia Merton</u>		3. RESIDENCE OF FATHER (city, state) <u>St. Anthony</u> 5. Date of Birth of Child (Month, day, year) <u>Mar. 9 - 1916</u>	
6. Sex <u>girl</u>	7. Twin or Triplet <u>No</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>NO</u>
FATHER OF CHILD 10. FULL NAME <u>Leo J. Lewis</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>22</u> yrs. 13. Birthplace <u>U.S.A.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>merchant</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Ruby Merton</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>31</u> yrs. 19. Birthplace <u>Salt Lake City Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Sales lady</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>Yes</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

25. Attendant's OWN signature Dr. Harshbarger **Midwife** Deceased **Date**
State of County of
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 32 years, and that Dr. Harshbarger who attended this birth Deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this day of 1941
(SEAL) Orville Eldridge Notary Public, residing at 1441 E. 7th St
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 1942 by Mary E. ... Registrar.

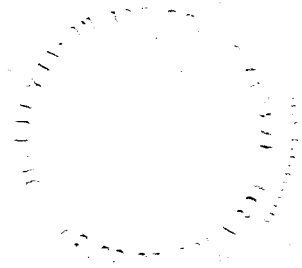
300 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

792 Soviata
Long Beach Cal.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

742 104 029867

350516

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

- | | |
|---|---|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>LATAH</u> (b) City <u>MOSCOW</u>
(c) Street Address or R.F.D. No. <u>6th</u>
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years <u>2</u> months days | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State <u>IDAHO</u> (b) County <u>LATAH</u>
(c) City <u>MOSCOW</u>
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs. |
|---|---|

- | | |
|---|--|
| 4. FULL NAME OF CHILD <u>Wilford Lavern Rubedew</u>
6. Sex <u>M</u>
7. Twin or Triplet
8. No. months of Pregnancy <u>9</u>
9. Legitimate? <u>yes</u> | 5. Date of Birth of Child (Month, day, year) <u>10-4-10</u>
10. FULL NAME OF FATHER OF CHILD <u>William Anson Rubedew</u>
11. Color or Race <u>White</u>
12. Age at time of THIS birth <u>32</u> yrs.
13. Birthplace <u>West Sebeus, Michigan</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>Carpenter</u>
15. Industry or Business <u>construction</u> |
|---|--|

- | | |
|---|---|
| 16. FULL MAIDEN NAME <u>Alice Irene Hogle</u>
17. Color or Race <u>White</u>
18. Age at time of THIS birth <u>36</u> yrs.
19. Birthplace <u>Engle, Ohio</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>housewife</u>
21. Industry or Business <u>housewife</u> | 22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this <u>4</u> (b) Born alive and now living <u>4</u> |
|---|---|

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 5 A.M. on the date June 30, 1942, and at the place stated above, and that personal particulars were furnished to the mother, who is related to this child as mother.

25. Attendant's OWN signature Daisy T. Johnson Midwife Address Orfino, Ida. Date June 30, 1942
State of Idaho ss. Myra

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 32 years of age, that I have known this person for 32 years, and that Dr. Asper who attended this birth cannot be located. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Irene H. Rubedew Signature
P. O. Address

Subscribed and sworn to before me this 1st day of July, 1942
(SEAL) Notary Public, residing at Laramie
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

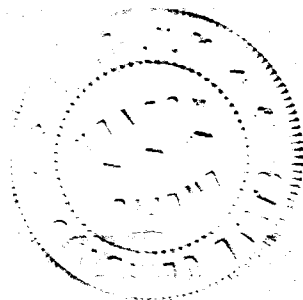
Received for filing on JUL 3 1942 by Myra Registrar.

JUL 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

418-119 034-295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

350542

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Minnidoka (b) City Rupert
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county years months days

4. FULL NAME OF CHILD Cecil Jethrow Mayes

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME James Harrison Mayes
11. Color white 12. Age at time of THIS birth 20 yrs.
13. Birthplace Sevierville Tenn.
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Minnidoka
(c) City Rupert
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Rupert Idaho

5. Date of Birth of Child
(Month, day, year) Nov. 19 1910

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Arlie Kindall
17. Color white 18. Age at time of THIS birth 19 yrs.
19. Birthplace Iowa
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 10; A. M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Ada

I, the undersigned, being first duly sworn, say that I am the Grandmother of the person whose name appears in Item 4, above, that I am now 83 years of age, that I have known this person for 31 years, and that Dr. Scott who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Mayes Signature
Meridian Idaho P. O. Address

Subscribed and sworn to before me this 1st day of June, 1942.

(SEAL) Omaha Notary Public, residing at Meridian

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1942 by Meridian Registrar.

501 2 1 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

792 130035 731

350563

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Nez Perce (b) City Julietta
(c) Street Address or R.F.D. No. R.F.D. No. 2
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 25 years 1 months 3 days**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Nez Perce
(c) City Julietta
(d) Street Address or R.F.D. No. R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Julietta, Idaho**4. FULL NAME OF CHILD**James Edgar Gibbs, Jr.6. Sex Male7. Twin or
TripletIf so—born
1st, 2nd, 3rd8. No. months
of Pregnancy 99. Legitimate? Yes

5. Date of Birth of Child

(Month, day, year) Nov. 30, 1910**FATHER OF CHILD**10. FULL NAME James Edgar Gibbs, Sr.11. Color White 12. Age at time
or Race White of THIS birth 28 yrs.13. Birthplace Ashland City, Tennessee
(City or town) (State or foreign country)14. Exact Occupation Farmer15. Industry or
Business Farmer**MOTHER OF CHILD**16. FULL MAIDEN NAME Lizzie Mai Glasgow17. Color white 18. Age at time
or Race white of THIS birth 25 yrs.19. Birthplace Bellsburg, Tennessee
(City or town) (State or foreign country)20. Exact Occupation housewife21. Industry or
Business22. Name prophylactic used to prevent Ophthalmia Neonatorum None23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3**ATTENDANT'S CERTIFICATE**24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 9 P. M. on the date
(Born alive, stillborn)and at the place stated above, and that personal particulars were furnished by Edgar Gibbs, who is
related to this child as Father
(Mother, etc.) (First name) (Last name)25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Tennessee
County of Cheatham } ss.**AFFIDAVIT** to be completed when the attendant does not sign
in Item 25.I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears
in Item 4, above, that I am now 59 years of age, that I have known this person for 31 years, and thatMrs. Fleming, who attended this birth Is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.Subscribed and sworn to before me this 29th day of June, 1942

(SEAL)

Notary Public, residing at Ashland City, Tenn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1942 by [Signature] Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 14 1970

OCT 5 1973

AUG 14 1974

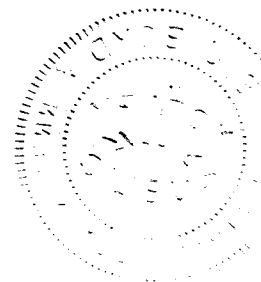
JUL 8 1942

AUG 23 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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212-212044-365

350569

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Washington</u> (b) City <u>Midvale</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>Parent's home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>4</u> years <u>10</u> months <u>18</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Midvale</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>5 1/2</u> yrs.	
4. FULL NAME OF CHILD <u>Gladys Margaret Baker</u> 7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd		5. Date of Birth of Child (Month, day, year) <u>Nov. 12, 1910</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
6. Sex <u>Female</u> FATHER OF CHILD 10. FULL NAME <u>Frank Olin Baker</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>34</u> yrs. 13. Birthplace <u>St. Paul, Nebraska</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Clerk</u> 15. Industry or Business <u>Cigar Store</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Minnie Jane Longenecker</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>27</u> yrs. 19. Birthplace <u>Delphi, Indiana</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
 23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living..... 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at..... M. on the date.....
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by F. O. Baker, who is related to this child as.....
 (First name) (Last name)
 (Mother, etc.)

25. Attendant's F. O. Baker M.D. W. W. Wiser Date 6-28-1942
 OWN signature Midwife Address

State of..... ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 County of.....

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that
 (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
 P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)..... Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1942 by..... Registrar.

JUL 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires in advance payment of fifty cents, money order or coin.

434 206014 613

350574

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State..... (b) County.....
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho?.....yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Marguerite McMahan
5. Date of Birth of Child
(Month, day, year) Sept. 6, 1910
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** George Harvey Mc Mahan
11. Color White 12. Age at time of THIS birth 44 yrs.
or Race..... of THIS birth 38 yrs.
13. Birthplace Nebr. City Nebr.
(City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Pett Maria Walmsley
17. Color White 18. Age at time of THIS birth 38 yrs.
or Race..... of THIS birth 38 yrs.
19. Birthplace Grundy Center Iowa
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol Argysol
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was live at M. on the date
(Born alive, stillborn)
- and at the place stated above, and that personal particulars were furnished by Geo. H. Mc Mahan who is related to this child as Father (First name) (Last name)

25. Attendant's J. H. Murray M.D. Address Nampa Ida Date June 28/14
OWN signature **Midwife**
- State of Idaho ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Canyon

- I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 31 years, and that J. H. Murray who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
- The facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139-1937 Session Laws.

Subscribed and sworn to before me this 26th day of June, 1914
(SEAL) Ada Blower Notary Public, residing at Nampa, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

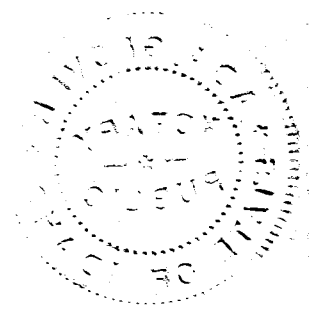
Received for filing on JUL 6 1914 by Mary E. Blower Registrar.

JUL 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

744-207016-141

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **350582**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County CASSIA (b) City BURLEY
(c) Street Address or R.F.D. No. SOUTH OVERLAND (no number)
(d) Name of Hospital or Maternity Home:
Born at home residence
(e) Mother's stay **BEFORE** delivery:
IN THIS county ONE years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County CASSIA
(c) City Burley
(d) Street Address or R.F.D. No. So. Overland
(e) How long has **MOTHER** lived in Idaho? two yrs.

3. RESIDENCE OF FATHER (city, state) Burley, Idaho

4. FULL NAME OF CHILD Shirley Rei Gudmundsen

5. Date of Birth of Child
(Month, day, year) August 7 1910

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Isaac Ray Gudmundsen (but the first name unused for many years to present 1942)
11. Color White 12. Age at time of THIS birth 26 yrs.
Danish and Norwegian
13. Birthplace Lehi, Utah County, Utah
(City or town) (State or foreign country)
14. Exact Clerk in Gudmundsen & Son's Store
Occupation family concern, Burley, Idaho
15. Industry or Business General Merchandise

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marian Adams
17. Color White 18. Age at time of THIS birth 34 yrs.
and Irish
19. Birthplace Parowan, Iron County, Utah
(City or town) (State or foreign country)
20. Exact Housewife but Educator prior to marriage for seven years.
Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child One. (b) Born alive and now living Three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's M.D.
OWN signature Midwife Address Date

State of California }
County of Humboldt } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 31 (plus) years, and that Mrs. Gustaf Shallman, who attended this birth, cannot be located. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Isaac) Ray Gudmundsen Signature
Box 345, Eureka, Calif. P. O. Address

Subscribed and sworn to before me this 26th day of June, 1942.
(SEAL) St Clair Adams Notary Public, residing at Eureka, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUL 6 1942 by Mabel Peterson, Registrar.

APR 14 1947

JUL 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

155-103-034-466

350588

United States (Be sure the information is as of date of birth of THIS child) State File No.....
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.....
Bureau of the Census STATE OF IDAHO Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Home delivery
(e) Mother's stay BEFORE delivery:
IN THIS county one years 9 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 33-9/12 yrs.

3. RESIDENCE OF FATHER (city, state) Rupert, Idaho

4. FULL NAME OF CHILD Nathan Kenneth Jensen
5. Date of Birth of Child (Month, day, year) Mar. 3, 1910

6. Sex Male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Niels K. Jensen
11. Color white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Danabrog, Nebraska
(City or town) (State or foreign country)
14. Exact Occupation Fiscal Agent (U.S.R.S) till 1916
15. Industry or Business Since 1916 Real Estate Agent

MOTHER OF CHILD

16. FULL MAIDEN NAME Lola Moody
17. Color white 18. Age at time of THIS birth 29 yrs.
19. Birthplace Osageola, Neb.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. J. B. Kenagy (Died about 1932)
Midwife Address Date

State of Idaho ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of Minidoka

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 32 years, and that J. B. Kenagy M.D. who attended this birth Is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lola Moody Jensen Lola Moody Jensen Signature
Rupert, Idaho P. O. Address
Subscribed and sworn to before me this 1st day of July, 1942
(SEAL) Notary Public Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1942 by Marjorie E. Eason Registrar.

JUL 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardjan, or some person having direct knowledge in the premises.

859 118 010 669

350589

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

- (a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 193 Short St.
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 193 Short St.
(e) How long has MOTHER lived in Idaho 39 yrs.
(f) Mother's mailing address 193 Short St.

3. RESIDENCE of FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD

William Jason Heindel

5. Date of Birth
(Month, day, year) Jan. 18, 1910

6. Sex male

7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? no

FATHER OF CHILD

10. FULL NAME John Phillip Heindel
11. Color White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Henry County, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Blacksmithing
15. Industry or Business Blacksmith

MOTHER OF CHILD

16. FULL MAIDEN NAME Maria K. Horbush
17. Color White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Manti, Utah
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) JUL 3 1942 (Date received) (b) Maria K. Heindel (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Bonneville

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Maria K. Heindel, being first duly sworn, say that I am Related to William Jason Heindel as Mother (Related to (or) acquaintance with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Anna Maynard, who attended said birth is now deceased and that this birth has not been previously recorded. (Name of attendant at birth)
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 22 day of July, 1942
(SEAL) Clay Maynard Notary Public, residing at Idaho Falls, Ida
Signature _____ P. O. Address _____

JUL 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

666-118022 299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **350591**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County FREMONT (b) City WILFORD
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: BORN AT HOME
(e) Mother's stay **BEFORE** delivery: 21 years 0 months 0 days
IN THIS county
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City WILFORD
(d) Street Address or R.F.D. No. NONE
(e) How long has MOTHER lived in Idaho? 21 yrs.
3. **RESIDENCE OF FATHER** (city, state) WILFORD, IDAHO

4. **FULL NAME OF CHILD** ROBERT WOOLSTENHULME
5. Date of Birth of Child (Month, day, year) Feb. 18, 1910
6. Sex Male 7. Twin or Triplet 0 If so—born 1st, 2nd, 3rd 0 8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** DANIEL WOOLSTENHULME
11. Color White 12. Age at time of THIS birth 27 yrs.
13. Birthplace KANAS SUMMIT COUNTY UTAH
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** ELLEN URSULA BIRCH
17. Color White 18. Age at time of THIS birth 25 yrs.
19. Birthplace HOYTSTVILLE SUMMIT COUNTY UTAH
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOUSEWIFE

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of OREGON County of COLUMBIA } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that DEBBIE WEST is deceased, who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen M Woolstenhulme Signature
Box 591, Scappoose, Oregon P. O. Address
Subscribed and sworn to before me this 2nd day of JULY, 1942.
(SEAL) L. R. Elliott Notary Public, residing at HOULTON, OREGON.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

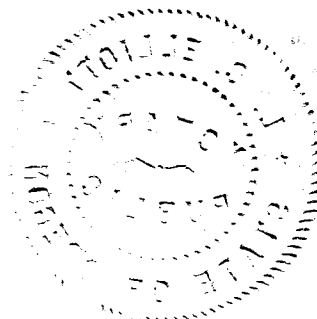
Received for filing on JUL 6 1942 by W. J. [Signature] Registrar.

JUL 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

141-127035-899

350611

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>NEZ PERCE</u> (b) City <u>Lewiston</u> (c) Street Address or R.F.D. No. <u>405 Snake river dr.</u> (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>3</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City <u>Lewiston</u> (d) Street Address or R.F.D. No. <u>405 Snake river Dr.</u> (e) How long has MOTHER lived in Idaho? <u>8</u> yrs.	
4. FULL NAME OF CHILD <u>THOMAS HAYEN AMACKER</u>		5. Date of Birth of Child (Month, day, year) <u>Jan. 27 1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>YES</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>THOMAS ANDREW AMACKER</u>		16. FULL MAIDEN NAME <u>ALTA M. HIRZEL</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>21</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>17</u> yrs.
13. Birthplace <u>DALLAS TEX.</u> (City or town) (State or foreign country)		19. Birthplace <u>MT PLEASANT Mich.</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>COOK</u>		20. Exact Occupation <u>HOUSE W/C at home</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child NONE (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature M.D. Address Date
Midwife

State of California ss.
County of Los Angeles

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....**MOTHER**.....of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 49 years of age, that I have known this person for 32 years, and that
DOCTOR INMAN, who attended this birth.....can not be located.....further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Alta M. Hirzel Amacker Hitz ALTA M. HIRZEL HITZ Signature
2010 Denver Ave. Redond Beach P.O. Address
Subscribed and sworn to before me this 5th day of January, 1942
(SEAL) W. H. Sheets Notary Public, residing at Maywood, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission expires Jan. 28 1945

Received for filing on JUL 7 1942 by Marj G. Fisher Registrar.

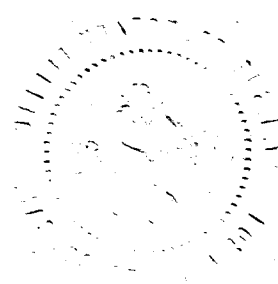
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JUL 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



343-103-024491

350667

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Gooding (b) City Handell
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 3 years 2 months 2 days**2. USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Gooding
(c) City Handell
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 3 yrs.**3. RESIDENCE OF FATHER** (city, state) Handell, Idaho**4. FULL NAME OF CHILD**Arthur Daniel Lucas

5. Date of Birth of Child

(Month, day, year) June 3, 19106. Sex Male7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 99. Legitimate? Yes**FATHER OF CHILD****10. FULL NAME** Daniel W. Lucas**11. Color or Race** White **12. Age at time of THIS birth** 33 yrs.**13. Birthplace** Handell, Idaho
(City or town) (State or foreign country)**14. Exact Occupation** Farmer**15. Industry or Business** Agriculture**16. FULL MAIDEN NAME** Daisy Drake**17. Color or Race** White **18. Age at time of THIS birth** 31 yrs.**19. Birthplace** Mapleton, Idaho
(City or town) (State or foreign country)**20. Exact Occupation** Teacher**21. Industry or Business****22. Name prophylactic used to prevent Ophthalmia Neonatorum** Silver Nitrate 1%**23. Number of children of this mother:** (a) At time of birth and including this child 4 (b) Born alive and now living 4**ATTENDANT'S CERTIFICATE****24. I HEREBY CERTIFY** That I attended the birth of this child, who was Blue at 5 A. M. on the date June 3, 1942
(Born alive, stillborn)and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)**25. Attendant's OWN signature** H. E. Lamb

M.D. Midwife

Address Englewood Date June 10-42State of Idaho ss. County of Gooding**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 32 years, and that(First name) (Last name) who attended this birth..... I further state that
(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1942 by M. E. Baker, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1967

JUL 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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238-115 028-695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **350672**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Coar de Lane
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at mother's residence
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State..... (b) County.....
(c) City
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 1 yrs.

4. FULL NAME OF CHILD

Louann Fredrich Scharf

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene Idaho

5. Date of Birth of Child
(Month, day, year) July 15-1910

6. Sex

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Samuel Fredrich Scharf

MOTHER OF CHILD

16. FULL MAIDEN NAME

Caroline Wiesing

11. Color or Race white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Poland
(City or town) (State or foreign country)

17. Color or Race white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Poland
(City or town) (State or foreign country)

14. Exact Occupation Caretaker
15. Industry or Business of summer resort

20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of Washington } ss.
County of King

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that Maudie Cochran, who attended this birth cannot be located I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Caroline Scharf Signature
P. O. Address

Subscribed and sworn to before me this 6th day of July, 1942
(SEAL) Anne Green Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

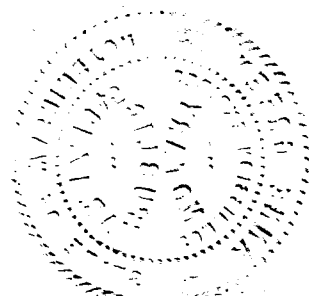
Received for filing on JUL 6 1942 by.....Registrar.

JUL 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

350751
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Nez Perce (b) City Ashshka
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years four months 10 days

4. FULL NAME OF CHILD

Floyd Presson Weseman

6. Sex

male

7. Twin or
Triplet

no

If so—born
1st, 2nd, 3rd

8. No. months

of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Arthur Austin Weseman

11. Color
or Race

white

12. Age at time
of THIS birth

3 1/2 yrs.

13. Birthplace

Near Verndale Minnesota

(City or town)

(State or foreign country)

14. Exact
Occupation

Rancher & School teacher

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Esther May Mack

17. Color
or Race

white

18. Age at time
of THIS birth

2 1/2 yrs.

19. Birthplace

Coopersburg Kansas

(City or town)

(State or foreign country)

20. Exact
Occupation

Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born normal at 6:00 P.M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Esther Weseman who is
related to this child as mother
(Mother, etc.) (First name) (Last name)

25. Attendant's

OWN signature

Aramesia Weseman

M.D.

Midwife

Address

Orpington, Ida.

Date

June 27-42

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears
in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that

....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....

JUL 8 1942

by

Marl Beeler

Registrar.

FEB 25 1971

JUL 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **350778**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bonneville (b) City Hamman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Bonneville
(c) City Hamman
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child
(Month, day, year) Sept. 18, 1910

4. FULL NAME OF CHILD

Irene Bargee

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Reuben Theodore Bargee
11. Color White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Opford Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Waters
17. Color White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Salina Utah
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Jefferson ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 37 years, and that Mrs. Rachel Jennings, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 190, 1937 Session Laws.

Mary E. Bargee Signature
Rem, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of June, 19 42
(SEAL) Arthur P. Jensen Notary Public, residing at Salina, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

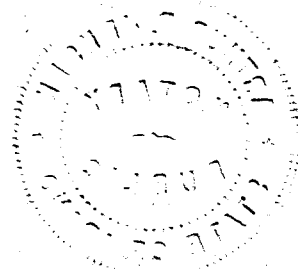
Received for filing on JUL 9 1942 by Mabel G. Jensen Registrar.

JUL 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. # 4
(d) Name of Hospital or Maternity Home:
Parents Residence
(e) Mother's stay BEFORE delivery:
IN THIS county 33 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. 4
(e) How long has MOTHER lived in Idaho? 33 yrs.
3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Idaho

4. **FULL NAME OF CHILD** Russel Asoph Rasmussen
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Hans Peter Anthon Rasmussen
11. Color White 12. Age at time of THIS birth 36 yrs. (deceased)
13. Birthplace Denmark
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Owner and operator

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Josephine Emelia Biorn
17. Color White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Logan Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE at ALIVE M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN signature** [Signature] M.D. [Signature] Address [Signature] Date [Signature]
State of..... ss. [Signature] **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 32 years, and that ELZA J. JERGENSEN who attended this birth DECEASED I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 16 day of July, 1942
(SEAL) Margaret Clark Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

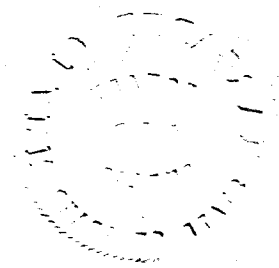
Received for filing on July 17, 1942 by Mary S. Edgar Registrar.

18077
JUL 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Washington (b) City Cornwall
(c) Street Address or R.F.D. No.
(d) ~~Name of Hospital or Maternity Home:~~

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME OF CHILD

Louise Celia Washburn

6. Sex

F

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

10. FULL NAME

Ester Celine Washburn

11. Color
or Race

W

12. Age at time
of THIS birth

62 yrs.

13. Birthplace

Near Sea

Pa

(City or town)

(State or foreign country)

14. Exact
Occupation

Dairy man

15. Industry or
Business

—

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Washington

(c) City Cornwall

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

Idaho

5. Date of Birth of Child

(Month, day, year) Jan. 19, 1910

8. No. months

of Pregnancy 9

9. Legitimate?

yes

MOTHER OF CHILD

16. FULL MAIDEN NAME

Viola McCall

17. Color
or Race

W

18. Age at time
of THIS birth

32 yrs.

19. Birthplace

Ashland

Oregon

(City or town)

(State or foreign country)

20. Exact
Occupation

Sup.

21. Industry or
Business

—

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 3

(b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at Cornwall Idaho M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Ester Washburn Holmes who is related to this child as Mother, etc. (First name) (Last name)

25. Attendant's
OWN signature

Frank Brown

M.D.
Midwife

Address

Salem Oregon

Date 7-4-'42

State of ss.
County of

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this day of 19.....

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1942 by Maur Felder Registrar.

JUL 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-221-003-365

300871

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Chesterfield
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 20 years 9 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Chesterfield
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 29 yrs.

4. FULL NAME OF CHILD Zelma Orton
6. Sex Female **7. Twin or Triplet** **If so—born 1st, 2nd, 3rd**

3. RESIDENCE OF FATHER (city, state) Chesterfield, Idaho
5. Date of Birth of Child (Month, day, year) May 21, 1910
8. No. months of Pregnancy 9 **9. Legitimate?** yes

FATHER OF CHILD
10. FULL NAME John Barnett Orton
11. Color or Race white **12. Age at time of THIS birth** 30 yrs.
13. Birthplace North Ogden, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Ethel Loveland
17. Color or Race white **18. Age at time of THIS birth** 20 yrs.
19. Birthplace Chesterfield, Idaho
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Borax acid
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 12:30 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Ethel Loveland, who is related to this child as Mother
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Zelma Orton **M.D.** **Midwife** **Address** **Date**
State of Idaho County of Bannock } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 31 years, and that Christina H. Higgins, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel L. Orton Signature
Burley, Idaho P. O. Address
Subscribed and sworn to before me this 21st day of July, 1942
(SEAL) Notary Public, residing at Burley
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

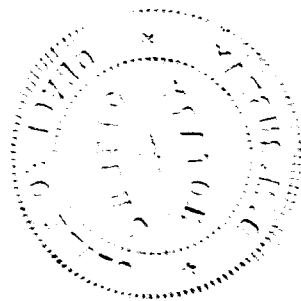
Received for filing on JUL 13 1942 by Manuel G. Gledits, Registrar.

158022
JUL 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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655-106-128-685

350879

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Farm near
(c) Street Address or R.F.D. No. Patlatch
(d) Name of Hospital or Maternity Home: Patlatch
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Farm near Patlatch
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?.....yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD. Paul Thomas Overcash

5. Date of Birth of Child
(Month, day, year) March 6 1910

6. Sex Male **7. Twin or Triplet** **If so—born**
1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Jessie Pink Overcash
11. Color or Race White **12. Age at time of THIS birth** 40 yrs.
13. Birthplace Arkansas
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Jane Freeze
17. Color or Race White **18. Age at time of THIS birth**.....yrs.
19. Birthplace Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as—
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature California **M.D.** **Address** **Date**

State of California ss.
County of Los Angeles

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 32 years, and that Fletcher Betty, who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 7 day of July, 1940
(SEAL) Notary Public, residing at West Los Angeles
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) June 28, 1944 Calif.

Received for filing on JUL 10 1942 by Registrar.

678028
JUL 1 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Adams</u> (b) City <u>Council</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home:		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Adams</u> (c) City <u>Council</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>Charles Leroy Davis</u>		3. RESIDENCE OF FATHER (city, state) <u>Council Idaho</u>	
6. Sex <u>male</u>	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>
10. FULL NAME <u>James William Davis</u>		MOTHER OF CHILD	
11. Color <u>White</u>	12. Age at time of THIS birth <u>33</u> yrs.	16. FULL MAIDEN NAME <u>Frances Bulah Colley</u>	
13. Birthplace <u>Miami Missouri</u> (City or town) (State or foreign country)		17. Color <u>White</u>	18. Age at time of THIS birth <u>22</u> yrs.
14. Exact Occupation <u>Farmer</u>		19. Birthplace <u>PHelps Missouri</u> (City or town) (State or foreign country)	
15. Industry or Business		20. Exact Occupation <u>House-wife</u>	
		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 7 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Frances Davis, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date
State of Wash County of Benton } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 54 years of age, that I have known this person for 32 years, and that Dr Harold Lowe, who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frances B Davis Signature
Richard Wm P. O. Address
Subscribed and sworn to before me this 2 day of July, 1942
(SEAL) A S Munsaf Notary Public, residing at Rehland
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

JUL 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

133-132-014-258

350911

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____

Local Reg. No. 169

Reg. Dist. No. 361

1. PLACE OF BIRTH

- (a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. Rt 3
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. Rt 3
(e) How long has MOTHER lived in Idaho? 12 yrs.
(f) Mother's mailing address Caldwell, Idaho

3. RESIDENCE of FATHER (city, state)

Same

4. FULL NAME OF CHILD

Elden Ray Altizer

5. Date of Birth

(Month, day year) April 30, 1910

6. Sex

male

7. Twin or Triplet

If so born
1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Bentley Martin Altizer

11. Color or Race

White

12. Age at time of THIS birth 28 yrs.

13. Birthplace

Copper Valley, Virginia

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Eva M. Snyder

17. Color or Race

White

18. Age at time of THIS birth 30 yrs.

19. Birthplace

Stockton, Kansas

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

None

23. Number of children of this mother: (a) At time of birth and including this child 2

(b) Born alive and now living 4

(c) Born alive and now dead

(d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was

born alive at 7 A.M. on the date

and at the place stated above, and that personal particulars were furnished by Eva Altizer, who is related to this child as mother

(Mother, etc.)

26. (a) 6-25-42
(Date received)

(b) [Signature]
(Registrar's signature)

25. Attendant's

OWN signature

[Signature] M.D.

(D.O., Midwife, etc.)

27. Given name added on

(Registrar's signature)

and address

Date

State of _____ } ss.
County of _____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, _____, being first duly sworn, say that I am _____

(Related to (or) acquainted with)

(Name of person on certificate above)

as _____

(State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended

(Name of attendant at birth)

said birth _____

(Is now deceased (or) cannot be located)

and that this birth has not been previously recorded.

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19____

(SEAL)

Notary Public, residing at _____

JUL 13 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days
2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No. home
(e) How long has MOTHER lived in Idaho? yrs.
3. RESIDENCE OF FATHER (city, state) Preston

4. FULL NAME OF CHILD Vella Greaves
5. Date of Birth of Child
(Month, day, year) July 12, 1910
6. Sex female 7. Twin or Triplet T win If so—born 1st, 2nd, 3rd 2nd 8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD
10. FULL NAME John C. Greaves Jr
11. Color white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business
- MOTHER OF CHILD
16. FULL MAIDEN NAME Grace Davis
17. Color White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)
25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Bannock } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4 above, that I am now 64 years of age, that I have known this person for 31 years, and that Nancy Beckstead who attended this birth Cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 11 day of July, 1942.
(SEAL) Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jul 11 1942 by Marj H. Lister, Registrar.

350927

759078
JUL 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

553-126-228265

350953

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.

4. FULL NAME OF CHILD

Edward Hugo Nettleton

6. Sex male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child

(Month, day, year) Feb. 26, 1910

8. No. months

of Pregnancy 9mo 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

John Clifford Nettleton

11. Color white 12. Age at time
of THIS birth 31 yrs.

13. Birthplace Thrumont County, Iowa
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mary Swere

17. Color white 18. Age at time
of THIS birth 35 yrs.

19. Birthplace Germany
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 12:00 A.M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by John Nettleton, who is
related to this child as father
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho ss.
County of Kootenai

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears
in Item 4, above, that I am now 63 years of age, that I have known this person for 31 years, and that

Mrs. Gentry who attended this birth is deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 14 day of July, 1947

(SEAL)

Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1947 by Mary E. Egan Registrar.

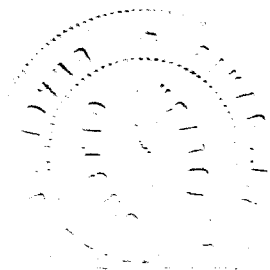
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JUL 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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754-2091042-245

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **350967**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Buhl
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 4 years months days

4. FULL NAME OF CHILD Edith Louise Pember

6. Sex Female **7. Twin or** Triplet **If so—born** 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Erastus Hebard Pember
11. Color W **12. Age at time** 29 yrs.
or Race W of THIS birth
13. Birthplace Gibsonville, W. Va.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Buhl Ida

5. Date of Birth of Child
(Month, day, year) 3-4-1910

8. No. months of Pregnancy 9 **9. Legitimate** yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Kuengli
17. Color W **18. Age at time** 26 yrs.
or Race W of THIS birth
19. Birthplace Alma, W. Va.
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business hom

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Midwife** **Address** **Date**

State of Idaho County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 32 years, and that Deceased who attended this birth Deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Erastus Hebard Pember Signature
Rt 2, Buhl, Idaho P. O. Address

Subscribed and sworn to before me this 12 day of July, 1942
(SEAL) John M. Baker Notary Public, residing at Buhl, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1942 by Mabel E. Baker Registrar.

JUL 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

350976
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Canyon (b) City Caldwell
(c) Street Address of R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery: at home
In Hosp. or Mat. Home _____ days.
IN THIS county 3 years ✓ month ✓ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Caldwell Idaho

3. RESIDENCE of FATHER (city, state)

Idaho

4. FULL NAME OF CHILD

Kenneth Scott Wood

5. Date of Birth

(Month, day, year) Mar. 25 1910

6. Sex

male

7. Twin or
Triplet _____

If so—born
1st, 2nd, 3rd _____

8. No. months
of Pregnancy 9

9. Legitimate?

yes

10. FULL NAME

Frank M. Wood

11. Color or Race

white

12. Age at time
of THIS birth 30 yrs.

13. Birthplace

Idaho City

Idaho

(City or town)

(State or foreign country)

14. Exact
Occupation Baker
15. Industry or
Business _____

16. FULL MAIDEN NAME

Weda Maud Scott

17. Color or Race

white

18. Age at time
of THIS birth 24 yrs.

19. Birthplace

Idaho

South Dakota

(City or town)

(State or foreign country)

20. Exact
Occupation none
21. Industry or
Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead ✓ (d) Stillborn ✓

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)
(Mother, etc.)

JUL 13 1942

26. (a)

(Date received)

(b) Frank M. Wood

(Registrar's signature)

27. Given name added on _____ by _____

(Registrar's signature)

25. Attendant's

OWN signature

M.D.

and address

(D.O., Midwife, etc.)
Date

State of Oregon

County of Multnomah

ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Kenneth Scott Wood, being first duly sworn, say that I am related to as Father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. H. Fisher, who attended said birth is now deceased (Name of attendant at birth)
(Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

NOTARY PUBLIC FOR OREGON

MY COMMISSION EXPIRES JAN. 31, 1944

Subscribed and sworn to before me on this 8th day of July, 1942

(SEAL)

J. H. Fisher

Notary Public, residing at Portland - Ore

Frank M. Wood Signature
At Eagle Creek, Ore P. O. Address

NOV 29 1972

JUL 14 1942

AUG 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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351007

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

CERTIFICATE OF BIRTH

ONLY LIVED THERE - 3 MONTHS AS WE WERE HOMESTEADING ON STATE OF IDAHO POCA TELLO CREEK.

- | | |
|---|--|
| <p>1. PLACE OF BIRTH</p> <p>(a) County <u>BANNOCK</u> (b) City <u>POCATELLO</u></p> <p>(c) Street Address or R.F.D. No. <u>IN "Y" I-FORGET-ST #10</u></p> <p>(d) Name of Hospital or Maternity Home: <u>HOME-CASE</u></p> <p>(e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home _____ days
 IN <u>THIS</u> county _____ years _____ month _____ days</p> <p>4. FULL NAME OF CHILD <u>GRACE-AMANDA-METZGER</u></p> <p>6. Sex <u>FEMALE</u> 7. Twin or Triplet _____ If so—born _____
 1st, 2nd, 3rd</p> <p>10. FULL NAME <u>WILSON-EARL-METZGER</u></p> <p>11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>23</u> yrs.</p> <p>13. Birthplace <u>BUCKEYS, OHIO</u>
 (City or town) (State or foreign country)</p> <p>14. Exact Occupation <u>RAIL-ROAD-MACHANIC</u></p> <p>15. Industry or Business <u>O-S-L-SHOPS</u></p> <p>22. Name prophylactic used to prevent Ophthalmia Neonatorum _____</p> <p>23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>2</u>
 (c) Born alive and now dead <u>1</u> (d) Stillborn <u>NONE</u></p> <p>24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)</p> <p>26. (a) <u>JUL 13 1942</u> (b) <u>M. H. H. H.</u>
 (Date received) (Registrar's signature)</p> <p>27. Given name added on _____ by _____
 (Registrar's signature)</p> | <p>2. USUAL RESIDENCE of MOTHER (At time of this birth)</p> <p>(a) State <u>IDAHO</u> (b) County <u>BANNOCK</u></p> <p>(c) City <u>POCATELLO</u></p> <p>(d) Street Address or R.F.D. No. _____</p> <p>(e) How long has MOTHER lived in Idaho <u>8-10 months</u> yrs.</p> <p>(f) Mother's mailing address <u>POCATELLO - P-O</u></p> <p>3. RESIDENCE of FATHER (city, state) <u>POCATELLO-IDAHO</u></p> <p>5. Date of Birth _____ (Month, day year) <u>JAN-28-1910</u></p> <p>8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>YES</u></p> <p>16. FULL MAIDEN NAME <u>ANNA-LEANDA-FRANCIS</u></p> <p>17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth <u>31</u> yrs.</p> <p>19. Birthplace <u>LAFAYETTE - INDIANA</u>
 (City or town) (State or foreign country)</p> <p>20. Exact Occupation <u>HOUSE WIFE AT-HOME</u></p> <p>21. Industry or Business _____</p> <p>25. Attendant's OWN signature _____ M.D. _____
 and address _____ Date _____ (D.O., Midwife, etc.)</p> |
|---|--|

State of CALIFORNIA }
County of ALAMEDA } ss.

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED.

I, Anna L Metzger, being first duly sworn, say that I am Mother
GRACE AMANDA METZGER (Related to (or) acquainted with)
 (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts con-
 tained therein are true to the best of my knowledge. I further state that DR. SPRAGUE, who attended
 said birth CAN NOT BE LOCATED (Name of attendant at birth) and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 14

(SEAL)

My Commission Expires April 18, 1943

Mrs Anna L Melager Signature
1-E-29 ST OAKLAND-CALIFORNIA Address
Day of July 1942
Noted & attested at Oakland California
NOTARY PUBLIC
We send for the Council of Alameda State of California

JUL 25 1942

OCT 22 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

751-216-008-819

351056

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 903 Young St.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county 7 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County.....
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 903 Young St.
(e) How long has MOTHER lived in Idaho? 7 yrs.

4. FULL NAME OF CHILD

Mildred Frances Pease

6. Sex

Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state)

Michigan

5. Date of Birth of Child

(Month, day, year) April 16, 1910

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Francis Allen Pease

11. Color
or Race White

12. Age at time
of THIS birth 34 yrs.

13. Birthplace

(City or town) (State or foreign country)

14. Exact
Occupation Carpenter

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Ada Pearl Harris

17. Color
or Race White

18. Age at time
of THIS birth 28 yrs.

19. Birthplace

(City or town) (State or foreign country)

20. Exact
Occupation Housewife

21. Industry or
Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 6²⁵ a.m. on the date July 7, 1942

and at the place stated above, and that personal particulars were furnished by Ada Pease, who is related to this child as Mother (First name) (Last name)

25. Attendant's
OWN signature Caroline White

M.D.
Midwife

Address 1303 W. Lundale Date 7-8-42

State of..... ss.
County of.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that

....., who attended this birth..... I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 13 day of July, 1942

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-944, Idaho Code, annotated.)

Received for filing on JUL 14 1942 by Mabel E. [Signature], Registrar.

JUL 16 1942

OCT 21 1966

MAY 28 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

769-114-001-514
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

351058
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City South Boise
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
none
(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City South Boise
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

4. **FULL NAME OF CHILD** William Henry Loring

3. **RESIDENCE OF FATHER** (city, state) South Boise, Idaho
5. Date of Birth of Child
(Month, day, year) Nov. 19, 1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Henry Loring
11. Color white 12. Age at time of THIS birth 48 yrs.
13. Birthplace Illinois
(City or town) (State or foreign country)
14. Exact Occupation Freighting
15. Industry or Business Freighting

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Willetta Vaughn
17. Color white 18. Age at time of THIS birth 28 yrs.
19. Birthplace Black Hawk, Colorado
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California County of Alameda } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 31 years, and that....., who attended this birth can not be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 132, 1937 Session Laws.

Clara Willetta Loring Signature
2530 Lincoln Ave., Alameda, Calif. O. Address

Subscribed and sworn to before me this 13th day of July, 1942
(SEAL) L. M. Colegrove Notary Public, residing at 3108 Jackson St., Oakland, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 15 1942 by Mabel E. Loring Registrar.

JUL 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

699-111-025-849

351154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 29 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

4. **FULL NAME OF CHILD** James Edgar Frink

5. Date of Birth of Child
(Month, day, year) December 11, 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Elias Frink
11. Color white 12. Age at time of THIS birth 41 yrs.
13. Birthplace Rutland Illinois
(City or town) (State or foreign country)
14. Exact Occupation Miller (Kooskia Flour Mills)
15. Industry or Business Milling

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Polly Winnie Quinn
17. Color White 18. Age at time of THIS birth 38 yrs.
19. Birthplace Oregon
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Three (b) Born alive and now living Three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at 10. P. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Lora Mc Cracken, who is related to this child as (First name) (Last name)
25. Attendant's Lora Mc Cracken MD Address Woodburn Oregon Date 4/24/42
OWN signature Midwife

State of U. S. of America { ss.
~~State of U. S. of America~~

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now Forty years of age, that I have known this person for All His Life years, and that Dr. Thomas, who attended this birth Cannot be located I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Elias Frink Signature
Box 771, Ketchikan, Alaska P. O. Address

Subscribed and sworn to before me this 10th day of December, 19 41
(SEAL) Notary Public, residing at Ketchikan, Alaska Com. expires Oct. 29, 1945.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC. 29 1941 by Marj. E. E. E. Registrar.

JUL 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

365-129-009-433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **351179**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. Ella & Main
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. Ella & Main
(e) How long has MOTHER lived in Idaho? 4 yrs.
3. RESIDENCE OF FATHER (city, state) Sandpoint, Idaho

4. FULL NAME OF CHILD Gilbert Graham Lovejoy
6. Sex male
7. Twin or Triplet no If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) 11-29-10
8. No. months of Pregnancy 9 **9. Legitimate?** yes

FATHER OF CHILD
10. FULL NAME William Frank Lovejoy
11. Color or Race white **12. Age at time of THIS birth** 43 yrs.
13. Birthplace Cedar Springs, Michigan
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD
16. FULL MAIDEN NAME Bessie Janett McCrea
17. Color or Race white **18. Age at time of THIS birth** 32 yrs.
19. Birthplace Junction City, Oregon
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature Dr. McKinnon **M.D.** **Midwife** **Address** **Date**

State of Washington } ss.
County of Spokane

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 32 years, and that Dr. McKinnon who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws

Bessie M. Crea Lovejoy Signature
4229 W Olympic, Spokane, Washington P. O. Address

Subscribed and sworn to before me this 13th day of July, 1942
(SEAL) Notary Public, residing at Spokane, Washington
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 15 1942 by Maude E. Eber Registrar.

JUL 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 131, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

294-123-232-555

351192

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lincoln (b) City Richfield
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 20 years 4 months 21 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Richfield
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 51 yrs.

4. **FULL NAME OF CHILD** Theo Braun Brush

5. Date of Birth of Child
(Month, day, year) NOVEMBER 28-1910

6. Sex MALE 7. Twin or Triplet 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Theodore Bert Brush
11. Color white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Weeping Water Nebraska
(City or town) (State or foreign country)
14. Exact Occupation BANKER
15. Industry or Business BANKING & REAL ESTATE

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Georgia Louise Eveleth
17. Color white 18. Age at time of THIS birth 20 yrs.
19. Birthplace Shoshone Idaho
(City or town) (State or foreign country)
20. Exact Occupation TEACHER
21. Industry or Business HOUSEWIFE

22. Name prophylactic used to prevent Ophthalmia Neonatorum:

23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living TWO

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE at 6 o'clock P.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Georgia L. Brush who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature George L. Brush M.D. midwife Address Richfield, Idaho Date May 16-1942

State of Idaho County of Lincoln ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 31 years, and that Dr. W. E. BALSINGER who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Georgia Louise Brush Signature
Richfield Idaho P. O. Address

Subscribed and sworn to before me this 30 day of June, 19 42
(SEAL) Garson Walker Notary Public, residing at ced. dist. Court

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.) Shoshone Idaho

Received for filing on JUL 2 1942 by Myron E. Johnson, Registrar.

JUL 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

295 217-007-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **351223**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Moore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 8 years 11 months days

4. FULL NAME OF CHILD Edith Marion King

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME James L. King
11. Color White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Logan Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine
(c) City Moore
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Moore Ida

5. Date of Birth of Child
(Month, day, year) 3-17-1910

8. No. months of Pregnancy 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Viola Bell Smith
17. Color White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Pocatello Idaho
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive 8 a. M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Viola B. King, who is related to this child as Mother
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Marion King M.D. Midwife Address Moore Idaho Date
State of ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that , who attended this birth I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1942 by Marion King, Registrar.

JUL 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299-102-025-995

351229

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Grangeville</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>At home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>51</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Grangeville, Idaho</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>63</u> yrs.	
3. RESIDENCE OF FATHER (city, state) <u>Idaho</u>		5. Date of Birth of Child <u>Feb. 2nd, 1910</u> (Month, day, year)	

4. FULL NAME OF CHILD <u>Ray Norman Briscoe</u>		6. Sex <u>Male</u>	
7. Twin or Triplet		8. No. months of Pregnancy <u>9</u>	
9. Legitimate? <u>Yes</u>		10. FULL NAME <u>George Burgin Briscoe</u>	

11. Color or Race <u>White</u>		12. Age at time of THIS birth <u>46</u> yrs.	
13. Birthplace <u>Bentenville, Arkansas</u> (City or town) (State or foreign country)		14. Exact Occupation <u>Farmer</u>	
15. Industry or Business <u>Janitor now</u>		16. FULL MAIDEN NAME <u>Katie Riebold</u>	
17. Color or Race <u>White</u>		18. Age at time of THIS birth <u>35</u> yrs.	
19. Birthplace <u>Nevada City, Calif.</u> (City or town) (State or foreign country)		20. Exact Occupation <u>Housewife</u>	
21. Industry or Business		22. Name prophylactic used to prevent Ophthalmia Neonatorum	

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
 (First name) (Last name)
 (Mother, etc.)

25. Attendant's OWN signature Idaho **M.D.** Idaho **Midwife** Idaho **Address** Idaho **Date** Idaho
 State of.....County of.....} ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Father.....of the person whose name appears in Item 4, above, that I am now.....78.....years of age, that I have known this person for.....32.....years, and that Ray Norman Briscoe....., who attended this birth.....Father.....I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 14th day of July 1942
 (SEAL) Samuel Taylor Notary Public, residing at Grangeville, Idaho
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 16 1942 by Mary E. Fisher Registrar.

JUL 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

415-128-028-915

351241

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Athol
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Athol
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Athol, Idaho

5. Date of Birth of Child

(Month, day, year) Jan. 28, 1910

4. FULL NAME OF CHILD

Alfred Carl Manfred

6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Manfred
11. Color White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Canyalupo, Italy
(City or town) (State or foreign country)
14. Exact Occupation Ry. Section Foreman
15. Industry or Business Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Zangar
17. Color white 18. Age at time of THIS birth 21 yrs.
19. Birthplace Naples, Italy
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington }
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother.....of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 32 years, and that

Dr. Weinz....., who attended this birth.....is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 30th day of June, 1947
(SEAL) L. B. Means Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

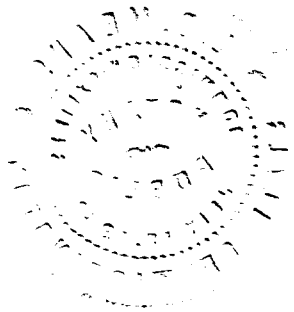
Received for filing on JUL 16 1947 by Marj K. Fisher Registrar.

JUL 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

432-112-016-419

351245

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>CASSIA</u> (b) City <u>OAKLEY</u> (c) Street Address or R.F.D. No. <u>1</u> (d) Name of Hospital or Maternity Home: <u>OWN HOME</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>24</u> years <u>0</u> months <u>6</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>CASSIA</u> (c) City <u>OAKLEY</u> (d) Street Address or R.F.D. No. <u>1</u> (e) How long has MOTHER lived in Idaho? <u>24</u> yrs.	
4. FULL NAME OF CHILD <u>MURRAY ALONZO McBRIDE</u>		3. RESIDENCE OF FATHER (city, state) <u>OAKLEY IDAHO</u> 5. Date of Birth of Child (Month, day, year) <u>MAR.-12-1910</u>	
6. Sex <u>MALE</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>YES</u>	
FATHER OF CHILD 10. FULL NAME <u>HYRUM WASHINGTON McBRIDE</u> 11. Color <u>WHITE</u> 12. Age at time of THIS birth <u>38</u> yrs. 13. Birthplace <u>GRANTVILLE UTAH</u> (City or town) (State or foreign country) 14. Exact Occupation <u>FARMER</u> 15. Industry or Business <u>FARMING</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>MARY ISABELLE MARTINDALE</u> 17. Color <u>WHITE</u> 18. Age at time of THIS birth <u>24</u> yrs. 19. Birthplace <u>OAKLEY IDAHO</u> (City or town) (State or foreign country) 20. Exact Occupation <u>HOUSE-WIFE</u> 21. Industry or Business <u>HOUSE-KEEPING</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature.....**M.D.**.....
Midwife.....**Address**.....**Date**.....

State of CALIFORNIA }
County of Los Angeles } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32 years, and that D. D. OLDEN MD. who attended this birth IS NOW DECEASED I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 10th day of July, 1942
(SEAL) Bludys A. DeHog Notary Public, residing at 222 E. 94th
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Los Angeles, Calif.

Received for filing on JUL 16 1942 by John Registrar.

3-11-18

JUL 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

695-22502-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **352309**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Butte (b) City Arco
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at residence
(e) Mother's stay BEFORE delivery: IN THIS county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Butte
(c) City Arco
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** LEILA JANE FINCK
Benjamin Finck
5. Date of Birth of Child (Month, day, year) Jan. 25, 1910
6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Peter Benjamin Finck
11. Color white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Craig Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Clara Modena Snider
17. Color white 18. Age at time of THIS birth 30 yrs.
19. Birthplace Weaubleau Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10--P. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Address Date
OWN signature Midwife Address Date

State of Kansas ss.
County of Scott

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that Mr. Stevenas M. D. who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Modena Finck Signature
Booneville, Arkansas P. O. Address

Subscribed and sworn to before me this 14th day of July, 1942

Term Exp. May 13, 1945 Notary Public, residing at Scott City, Kansas
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 18 1942 by Mabel E. Keeler Registrar.

808506

JUL 20 1942

AUG 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

458-218043 336

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

352312

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Valley (b) City Cascade
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Valley
(c) City Cascade
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 22 yrs.

4. FULL NAME OF CHILD Verna Ellen DeHaas

3. RESIDENCE OF FATHER (city, state) Cascade, Idaho
5. Date of Birth of Child
(Month, day, year) April 18, 1910

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Wagner DeHaas
11. Color White 12. Age at time of THIS birth 53 yrs.
13. Birthplace Pennsylvania
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Elmira Lloid
17. Color White 18. Age at time of THIS birth 42 yrs.
19. Birthplace Cove Oregon
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date
State of Oregon ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of Jackson

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 32 years, and that Doctor Noggle, who attended this birth is now deceased I further state that (Is now deceased) or (Cannot be located)
(First name) (Last name)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Elmira Lloid DeHaas Signature
Rt. 1, Box 375, Central Point, Oreg. Address

Subscribed and sworn to before me this 16th day of July, 1942
(SEAL) My commission expires on 1-1-43 Notary Public, residing at Medford, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1942 by Registrar.

AUG 8 1972

JUL 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-121035 469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **352317**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Reg. Pence (b) City Caldesac
(c) Street Address or R.F.D. No. Route 2
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery:
IN THIS county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Reg. Pence
(c) City Caldesac
(d) Street Address or R.F.D. No. Route 2
(e) How long has MOTHER lived in Idaho? 17 yrs.

4. FULL NAME OF CHILD Allen Calab Booth

3. RESIDENCE OF FATHER (city, state) Caldesac, Idaho
5. Date of Birth of Child
(Month, day, year) May 21, 1910

6. Sex Male **7. Twin or Triplet** Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9. Legitimate?** yes

FATHER OF CHILD
10. FULL NAME Edward G. Booth
11. Color or Race White **12. Age at time of THIS birth** 38 yrs.
13. Birthplace Clatskanie, Oregon
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Clara Myrtle Martinore
17. Color or Race White **18. Age at time of THIS birth** 26 yrs.
19. Birthplace Clatskanie, Oregon
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 5/21/1910 M. on the date (Born alive, stillborn)
and at the place stated above and that personal particulars were furnished by Clara Martinore (Booth), who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M. A. Booth **M.D.** **Midwife** **Address** **Date**

State of Washington County of Covington ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 58 years of age, that I have known this person for 37 years, and that D. W. Regsdale, who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara M. Booth Signature
Ph. 1 725 Longview Wash. P. O. Address

Subscribed and sworn to before me this 14 day of July, 1942
(SEAL) H. S. Booth Notary Public, residing at Longview

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code annotated.)

Received for filing on JUL 18 1942 by M. A. Booth Registrar.

JUL 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352319
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1932 State St.
(d) Name of Hospital or Maternity Home:
at home - 1932 State St.
(e) Mother's stay BEFORE delivery:
IN THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1932 State St.
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Ida

4. FULL NAME OF CHILD Vernon Walter Virgil
7. Twin or Triplet or so - born
8. No. months of Pregnancy 9
9. Legitimate? yes

5. Date of Birth of Child
(Month, day, year) June 19 - 1910

FATHER OF CHILD
10. FULL NAME Perry Virgil
11. Color white 12. Age at time of THIS birth 25 yrs.
13. Birthplace Lawrence, Kansas
(City or town) (State or foreign country)
14. Exact Occupation mill-lash & shoe factory
15. Industry or Business mill worker

MOTHER OF CHILD
16. FULL MAIDEN NAME Georgia Thankful Hyatt
17. Color white 18. Age at time of THIS birth 27 yrs.
19. Birthplace Lawrence, Kansas
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date July 14 - 42
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by John Brock, who is related to this child as (Mother, etc.)
(First name) (Last name)

25. Attendant's OWN signature John Brock M.D. Boise Ida Date July 14 - 42
Midwife Address
State of Ida ss. Boise
County of Ada

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 37 years, and that Dr. Brock, who attended this birth, (is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Georgia Hyatt Backette Signature
4424 Denman P. O. Address

Subscribed and sworn to before me this July day of July, 19 42
(SEAL) Notary Public Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 10 1942 by Registrar

JUL 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352320
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** John Lewis Perkins
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate?

5. Date of Birth of Child
(Month, day, year) 3-18-1910

FATHER OF CHILD
10. **FULL NAME** William Lewis Perkins
11. Color white 12. Age at time of THIS birth 21 yrs.
13. Birthplace Montpelier Idaho
(City or town) (State or foreign country)
14. Exact Occupation Well-driller
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Edith Susan Downing
17. Color white 18. Age at time of THIS birth 20 yrs.
19. Birthplace Blackfoot Idaho
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

25. Attendant's OWN signature Edith Susan Perkins M.D. Midwife Address 4691 E. Holm Avenue Co. Date 6-29-42
State of Idaho County of Bear Lake ss.
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that Dr. Deor Pointer who attended this birth cannot locate I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith Susan Perkins Signature
Montpelier, Idaho P. O. Address

Subscribed and sworn to before me this 10 day of June 1942
(SEAL) Albert W. Jones Notary Public, residing at Montpelier, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, Commission Expires April 14, 1944)

Received for filing on JUN 11 1942 by Mary E. Perkins Registrar.

JUL 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

365-114018-952

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352327
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Clearwater (b) City Gilbert
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Clearwater
(c) City Gilbert
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 25 yrs.

4. FULL NAME OF CHILD Harvey Andy Longeteig

3. RESIDENCE OF FATHER (city, state) Gilbert, Idaho

5. Date of Birth of Child
(Month, day, year) May 14, 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Andrew C. Longeteig
11. Color White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Near—Bergen, Norway
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Bendine Røkdahl
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Genesee, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 4.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Anna Longeteig, who is related to this child as mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature May King M.D. Midwife Address Lewiston, Idaho Date 7/15/42

State of } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of }

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

 Signature
 P. O. Address

Subscribed and sworn to before me this day of , 19 .

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1942 by Registrar.

JUL 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

264-222022863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **352332**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Fremont (b) City Drummond
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay BEFORE delivery:
IN THIS county 11 years 6 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Fremont
(c) City Drummond
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) same

5. Date of Birth of Child
(Month, day, year) 6. 22. 1910

4. FULL NAME OF CHILD Dora Irene Southam

6. Sex female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edwin Southam
11. Color White 12. Age at time of THIS birth 49 yrs.
13. Birthplace Bozford near Batavia
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lena Holtman
17. Color White 18. Age at time of THIS birth 37 yrs.
19. Birthplace Laurens
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who wasatM. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 32 years, and that Emily Ferren, midwife, who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937-Session Laws.

Edwin Southam Signature
545 Denver St., Salt Lake City, Utah P. O. Address

Subscribed and sworn to before me this 14th day of July, 19 42.
(SEAL) Emily Ferren Notary Public, residing at Salt Lake City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

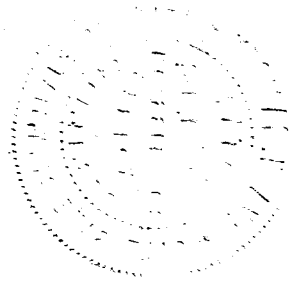
Received for filing on JUL 16 1942 by Mary E. ... Registrar.

JUL 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



352352

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

- (a) County Shoshone (b) City War dner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home 4 days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

- (a) State Idaho (b) County Shoshone
(c) City War dner
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Oscola Mills

3. RESIDENCE of FATHER (city, state) PA.

4. FULL NAME OF CHILD

Pauline Kaufman Isenberg5. Date of Birth (Month, day year) JAN 15 - 19106. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 99. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Fred Raymond Isenberg11. Color or Race White 12. Age at time of THIS birth 21 yrs.13. Birthplace Hautzdale PA.
(City or town) (State or foreign country)14. Exact Occupation Miner

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Helen Jewell Kaufman17. Color or Race White 18. Age at time of THIS birth 27 yrs.19. Birthplace Kutztown PA
(City or town) (State or foreign country)20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead (d) Stillborn24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)26. (a) JUL 20 1942 (Date received) (b) Maud E. Isenberg (Mother, Registrar's signature)

27. Given name added on..... by..... (Registrar's signature)

25. Attendant's OWN signature..... M.D.
(D.O., Midwife, etc.)
and address..... Date.....State of Pa. } ss.
County of DelawareI, Fred R. Isenberg, being first duly sworn, say that I am related to
PAULINE KAUFMAN Isenberg as Father
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended

said birth deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

Fred R. Isenberg Signature50 So. SCOTT AVE. CLEVELAND, PA. P. O. AddressSubscribed and sworn to before me on this 9 day of April 19 42
My Commission expires.....
(SEAL) March 15, 1945Notary Public, residing at Hamlet Pa

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Make, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

589968

JUL 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

352353

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. Not known
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County
(c) City Wallace
(d) Street Address or R.F.D. No. not known
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Wallace

4. FULL NAME OF CHILD

Leita May Maynard

5. Date of Birth of Child
(Month, day, year) May 1, 1910

6. Sex Female 7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George G. Maynard
11. Color White 12. Age at time of THIS birth yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Iron ore miner

MOTHER OF CHILD

16. FULL MAIDEN NAME Lydia B. Johnson
17. Color White 18. Age at time of THIS birth yrs.
19. Birthplace Hermifage (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington } ss.
County of Spoکان

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for many years, and that who attended this birth is deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 16th day of July, 19 1910
(SEAL) Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-814, Idaho Code.)

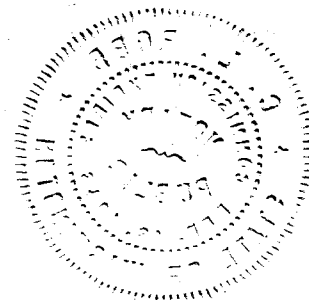
Received for filing on JUL 18 1942 by Mary E. ... Registrar.

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JUL 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **352379**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Ucon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Ucon
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Ucon, Idaho

4. FULL NAME OF CHILD Leona Morris

5. Date of Birth of Child
(Month, day, year) July 24, 1910

6. Sex female **7. Twin or Triplet** Triplet **8. No. months of Pregnancy** 9 **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Elias Morris
11. Color or Race White **12. Age at time of THIS birth** 25 yrs.
13. Birthplace Logan, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Tyler
17. Color or Race White **18. Age at time of THIS birth** 19 yrs.
19. Birthplace Huntington, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Idaho **M.D.** Madison **Midwife** **Address** **Date**

State of County of ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4 above, that I am now 51 years of age, that I have known this person for 32 years, and that Josephine Thompson who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Tyler Morris Signature
Rexburg, Idaho, Route #3 P. O. Address

Subscribed and sworn to before me this 15th day of July, 1942
(SEAL) Mary Smith Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code.)

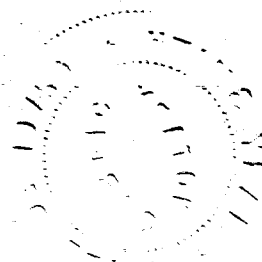
Received for filing on JUL 20 1942 by Mary Smith Registrar.

JUL 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **352389**

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Nex Perce (b) City Southwick
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
IN THIS county _____ years _____ months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Nex. perce
(c) City Southwick
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

4. FULL NAME OF CHILD

William Taft Baker

6. Sex Male 7. Twin or Triplet No. If so—born 1st, 2nd, 3rd _____

FATHER OF CHILD

10. FULL NAME Perry Oliver Baker
11. Color or Race White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Southwick Idaho
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Lumbering

3. RESIDENCE OF FATHER (city, state) Southwick, Ida

5. Date of Birth of Child
(Month, day, year) January 7, 1910

8. No. months of Pregnancy 9 9. Legitimate? Yes.

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Douglas
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Wallula Washington
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature _____

M.D.
Midwife Address _____

Date _____

State of Washington }
County of Okanogan } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that Dr. Stoneburner, who attended this birth now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Richette

Signature

Omak, Washington

P. O. Address

Subscribed and sworn to before me this 10th day of July, 1942

(SEAL)

E. D. Blough

Notary Public, residing at Omak, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jul 20 1942 by Malcolm J. Blough, Registrar.

JAN 8 1975

JUL 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail completed certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bonner (b) City Newport
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:

At home.

(e) Mother's stay BEFORE delivery:
IN THIS county 2 years _____ months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bonner
(c) City Newport
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

Same

**4. FULL NAME
OF CHILD**

Helen Vivian Dougherty

5. Date of Birth of Child

(Month, day, year) December 20, 1910

6. Sex Female

7. Twin or
Triplet No

If so—born
1st, 2nd, 3rd

8. No. months

of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL

NAME James Dougherty

11. Color White 12. Age at time
or Race of THIS birth. 37 yrs.

13. Birthplace Streeter, Illinois
(City or town) (State or foreign country)

14. Exact
Occupation Saloon Man

15. Industry or
Business Saloon

MOTHER OF CHILD

16. FULL MAIDEN

NAME Georgia Hill

17. Color White 18. Age at time
or Race of THIS birth. 27 yrs.

19. Birthplace Russia (Town Unknown)
(City or town) (State or foreign country)

20. Exact
Occupation Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 6 P.M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is
related to this child as _____ (First name) (Last name)
(Mother, etc.)

Doctor and Nurse both dead.

25. Attendant's
OWN signature

M.D.
Midwife

Address

Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
(Mother, etc.)

in Item 4, above, that I am now 59 years of age, that I have known this person for 31 years, and that

Dr. Wallace & Mrs. McCool, who attended this birth are both dead I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 2nd day of July, 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-91, Idaho Code Annotated.)

Notary Public, residing at Sandpoint, Idaho

Received for filing on JUL 18 1942 by Marl E. Egan, Registrar.

JUL 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

847-201 036 386

352451

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

<p>1. PLACE OF BIRTH:</p> <p>(a) County <u>Oneida</u> (b) City <u>Malad</u></p> <p>(c) Street address or R. F. D. No.</p> <p>(d) Name of Hospital or Maternity Home:</p> <p>(e) Mother's stay BEFORE delivery:</p> <p style="padding-left: 40px;">In Hospital or Maternity Home Days</p> <p style="padding-left: 40px;">In THIS county <u>20</u> years months days</p>		<p>2. USUAL RESIDENCE of MOTHER: (Always fill in these)</p> <p>(a) State <u>Idaho</u> (b) County <u>Oneida</u></p> <p>(c) City <u>Malad</u></p> <p>(d) Street address or R. F. D. No. <u>R.F.D.</u></p> <p>(e) How long has MOTHER lived in Idaho? <u>20</u> yrs.</p> <p>(f) Mother's mailing address (For registration notice):</p> <p style="padding-left: 40px;"><u>Malad Idaho</u></p> <p style="padding-left: 40px;">(Street or R. F. D.) (Postoffice)</p>	
<p>4. FULL NAME OF CHILD <u>Arnella Hughes</u></p>		<p>5. DATE OF BIRTH <u>Aug 1 - 1910</u></p> <p style="padding-left: 40px;">(Month, day, year)</p>	
<p>6. Sex <u>female</u></p> <p>7. Twin or Triplet <u> </u></p> <p>8. If so—born 1st, 2nd, 3rd <u> </u></p>		<p>8. No. months of Pregnancy <u>9</u></p> <p>9. Legitimate? <u>yes</u></p>	
<p style="text-align: center;">FATHER OF CHILD</p> <p>10. FULL NAME <u>Jacob Hughes</u></p> <p>11. Color or Race <u>white</u></p> <p>12. Age at time of THIS birth <u>22</u> yrs.</p> <p>13. Birthplace <u>Samaria Idaho</u></p> <p style="padding-left: 40px;">(City or Town) (State or foreign country)</p> <p>14. Exact Occupation <u>farmer</u></p> <p>15. Industry or Business <u> </u></p>		<p style="text-align: center;">MOTHER OF CHILD</p> <p>16. FULL MAIDEN NAME <u>Ellen Thorpe</u></p> <p>17. Color or Race <u>white</u></p> <p>18. Age at time of THIS birth <u>20</u> yrs.</p> <p>19. Birthplace <u>Samaria Idaho</u></p> <p style="padding-left: 40px;">(City or Town) (State or foreign country)</p> <p>20. Exact Occupation <u>housewife</u></p> <p>21. Industry or Business <u> </u></p>	
<p>22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>blue vitrate</u></p>			
<p>23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u></p> <p style="padding-left: 40px;">(c) Born alive and now dead (d) Stillborn</p>			
<p>24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born alive</u> at M. on the date (born alive stillborn)</p> <p style="padding-left: 40px;">and at the place stated above, and that personal particulars were furnished by <u>Jacob Hughes</u>, who is (First name) (Last name)</p> <p style="padding-left: 40px;">related to this child as <u>Father</u> (Mother, etc.)</p>			
<p>26. (a) <u>JUL 20 1942</u> (Date received)</p> <p style="padding-left: 40px;"><u>Mabel T. ...</u> (Registrar's signature)</p>		<p>25. Attendant's OWN signature <u>D. C. Ray</u> M. D. (D. O., Midwife, etc.)</p> <p style="padding-left: 40px;">and address <u>Pocatello</u> Date <u>6-20-1942</u></p>	
<p>27. Given name added on by (Registrar's signature)</p>			

10-10-65

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JUL 22 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

(b) Labor: Complications: _____

Induced? _____

(c) State all operations for delivery _____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes _____ No _____ Pos. _____ Neg. _____

(e) Signature of Physician: _____

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

376-204-009-238
1. PLACE OF BIRTH
County of Bonner
City of Sandpoint
No. _____ St. _____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

352464

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Gladys Edna Irig

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature no 7. Legitimate? yes 8. Date of birth Oct 4th 1920
(Month, Day, Year)

9. Full name Henry Irig FATHER 18. Full maiden name Emily Sophia Schwartz MOTHER

10. Residence (usual place of abode) Montrose Idaho 19. Residence (usual place of abode) Missouri
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 37 (years) 20. Color or race white 21. Age at last birthday 32 (years)

13. Birthplace (city or place) Hastings 22. Birthplace (city or place) Germany
(State or Country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ✓ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housekeeping

16. Date (month and year) last engaged in this work July 17th 1919 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 19____ 26. Total time (years) spent in this work all life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother _____ (At time of this birth and including this child)

(a) Born alive and now living 4 (b) Born alive but now dead Alison (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 11/45 at A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Born Alive or Stillborn) _____

(Signed) Emily S. Irig Mother

or _____ Midwife

Address 44818 107 St. Los Angeles California

Filed JUL 20 1921 193 _____

Registrar.

DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of California
County of Los Angeles

ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Emily S. Trog
she is the Mother

(Relationship of child)*

of Gladys Edna Trog

being first duly sworn says that

born Oct 14 1910
(Date of birth)

at Sandpoint Hospital, Idaho,

whose certificate of birth is hereto attached, and that

recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said

she
Gladys Edna Trog

desires to have the said birth

hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that
medical attendant at the birth of said
the said medical attendant is

In Page owner of
the Hospital at the time of Birth

M. D. was the
Midwife

and that

(Now deceased (or) cannot be located)

Name of Affiant Emily S. Trog

P. O. Address 448 East 107 St Los Angeles

Subscribed and sworn to before me this 17th day of July, 1942

George C. Stone

Notary Public.

Residing at Los Angeles - California, Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUL 22 1942

115

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115

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **352513**

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Banner (b) City Hestwood

(c) Street Address or R.F.D. No. _____

(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home _____ days.

In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Banner

(c) City Hestwood

(d) Street Address or R.F.D. No. _____

(e) How long has MOTHER lived in Idaho? 8 yrs.

(f) Mother's mailing address Hestwood Idaho

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Hazel Harriet Adis Ellen Hickman 5. Date of Birth (Month, day, year) June 15, 1910

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 mos 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert Henry Hickman

11. Color or Race white 12. Age/at time of THIS birth 25 yrs.

13. Birthplace Knapp Wisconsin
(City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Mary Ellen Holmes

17. Color or Race white 18. Age/at time of THIS birth 28 yrs.

19. Birthplace Ludington Michigan
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date

and at the place stated above, and that personal particulars were furnished by _____, who is

related to this child as _____ (First name) (Last name)

25. JUL 22 1942 (Date received) _____ (Registrar's signature) _____

26. (a) _____ (b) _____ (c) _____ (d) _____

27. Given name added on _____ by _____ (Registrar's signature) _____

State of Idaho County of Banner

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Albert Henry Hickman, first duly sworn, say that I am _____ (Related to (or) acquainted with)

Hazel Harriet Adis Ellen Hickman as Father _____, whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts con-

tained therein are true to the best of my knowledge. I further state that Dr. M. L. Simon, who attended

said birth is deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 27th day of April 1942

(SEAL)

Notary Public _____

NOTARY PUBLIC FOR THE STATE OF IDAHO

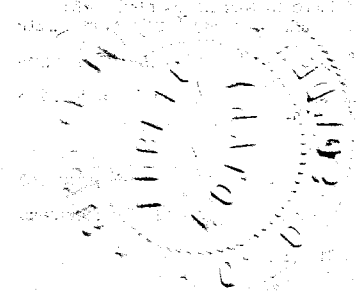
My Commission Expires SEPT. 20, 1942

JUL 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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352519

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Canyon</u> (b) City <u>New Plymouth</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>9</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>New Plymouth</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>9</u> yrs.	
4. FULL NAME OF CHILD <u>Lorena Christine Bertleson</u>		5. Date of Birth of Child (Month, day, year) <u>March 1, 1910</u>	
6. Sex <u>fm</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Bert Christopher Bertleson</u>		16. FULL MAIDEN NAME <u>Ada Della Zufelt</u>	
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>38</u> yrs.	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>24</u> yrs.
13. Birthplace <u>New York City, N.Y.</u> (City or town) (State or foreign country)		19. Birthplace <u>Luba, Arizona</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>sheep grower</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.)

25. Attendant's
OWN signature **M.D.**
Midwife Address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for all her life years, and that (no doctor or midwife) who attended this birth. I further state that (is now deceased) or (Cannot be located)
(First name) (Last name)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada Della Bertleson

Signature

Payette, Idaho

P. O. Address

Subscribed and sworn to before me this 21st day of July, 1942.

(SEAL)

W. R. McEune

Notary Public, residing at Payette, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

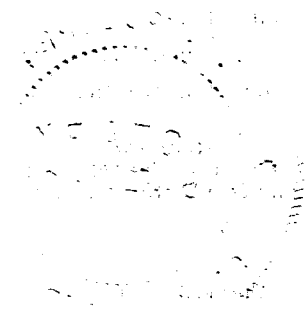
Received for filing on JUL 22 1942 by Mary E. Bertleson, Registrar.

JUL 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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352-564

352564

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Clearwater (b) City Idaho
(c) Street Address or R.F.D. No. No
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 10 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Idaho
(d) Street Address or R.F.D. No. No
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

4. **FULL NAME OF CHILD** John Frederick Bellmer
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd No

3. **RESIDENCE OF FATHER** (city, state) Idaho
5. Date of Birth of Child (Month, day, year) June 30, 1910
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Charles J. Bellmer
11. Color White 12. Age at time of THIS birth 43 yrs.
13. Birthplace State of Germany
(City or town) (State or foreign country)
14. Exact Occupation Pharmacist
15. Industry or Business 1

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Charlotte R. Taylor
17. Color White 18. Age at time of THIS birth 29 yrs.
19. Birthplace State of Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business 4

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature Idaho M.D. Midwife Address Date

State of.....County of Idaho Boise ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that....., who attended this birth.....I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this.....day of.....
(SEAL) Notary Public Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 24 1942 by Mary E. Leeper Registrar.

JUL 28 1942

JUN 4 1943

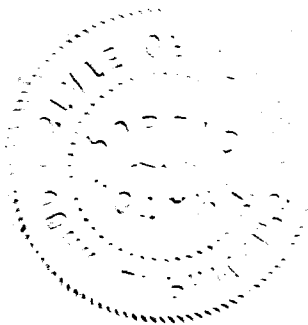
JUN 10 1952

OCT 13 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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352566

352566

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352566
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Pocatello</u> (c) Street Address or R.F.D. No. <u>605 North Garfield</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years <u>7</u> months <u>17</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Pocatello</u> (d) Street Address or R.F.D. No. <u>605 North Garfield</u> (e) How long has MOTHER lived in Idaho? <u>2 1/2</u> yrs.	
4. FULL NAME OF CHILD <u>Ross Addison Budge</u>		3. RESIDENCE OF FATHER (city, state) <u>Pocatello, Idaho</u>	
6. Sex <u>Male</u> 7. Twin or Triplet <u>—</u> 8. If so—born 1st, 2nd, 3rd		5. Date of Birth of Child (month, day, year) <u>May 18th 1910</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Yuse R. S. Budge</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>32</u> yrs. 13. Birthplace <u>Paris, Idaho</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Attorney at Law</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Grace Hoff Budge</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>30</u> yrs. 19. Birthplace <u>Georgetown, Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>✓</u> 21. Industry or Business <u>✓</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)

25. Attendant's **OWN signature** _____ M.D. _____ Address _____ Date _____

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that Dr. H. Smith Woolley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace Hoff Budge Signature
1002 Douglas St. Salt Lake City, Utah P. O. Address

Subscribed and sworn to before me this 27 day of July, 1942
(SEAL) Hylda B. Stauding Notary Public, residing at Salt Lake City, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

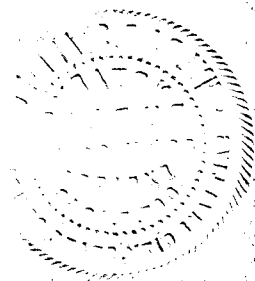
Received for filing on July 29, 1942 by Maur Felder, Registrar.

JUL 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

667119 037-255

352621

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County OWYHEE (b) City WILSON
(c) Street Address or R.F.D. No. GENERAL DELIVERY
(d) Name of Hospital or Maternity Home:
NONE - DELIVERY AT HOME
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years - months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County OWYHEE
(c) City WILSON
(d) Street Address or R.F.D. No. GENERAL DELIVERY
(e) How long has MOTHER lived in Idaho? THREE yrs.

3. RESIDENCE OF FATHER (city, state) WILSON, IDAHO

4. FULL NAME OF CHILD

LEWIS ALFRED FOX

5. Date of Birth of Child

(Month, day, year) JANUARY

6. Sex MALE

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME GEORGE WESLEY FOX
11. Color WHITE 12. Age at time
or Race of THIS birth 40 yrs.
13. Birthplace LOWA
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business AGRICULTURE

MOTHER OF CHILD

16. FULL MAIDEN NAME CORAL MAUDE KENISON
17. Color WHITE 18. Age at time
or Race of THIS birth 39 yrs.
19. Birthplace HARLAN KANSAS
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child.....1 (b) Born alive and now living.....1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of CALIFORNIA ss.
County of LOS ANGELES

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....RUNT.....of the person whose name appears
in Item 4, above, that I am now.....43.....years of age, that I have known this person for.....32.....years, and that
DR. (CARLOS) QUICK, who attended this birth.....IS NOW DECEASED.....I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this.....15th.....day of.....JULY.....1942

(SEAL)

Notary Public, residing at.....Los Angeles, Calif......

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)
In and for the County of Los Angeles, State of California
MY COMMISSION EXPIRES MAY 29, 1946

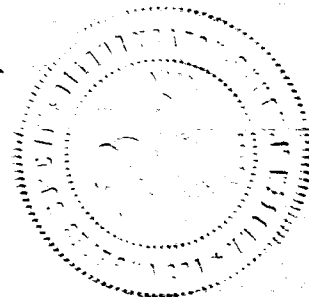
Received for filing on.....JUL 22 1942.....by.....Andrew M. Young....., Registrar.

JUL 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



298 728 018 244

352654

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Clearwater (b) City Orofino
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Orofino
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
3. **RESIDENCE OF FATHER** (city, state) Orofino, Idaho

4. **FULL NAME OF CHILD** Delbert Andrew Bryant
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) 11/28/10
8. No. months of Pregnancy 9 month
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew Hamilton Bryant
11. Color 12. Age at time of THIS birth 33 yrs.
13. Birthplace Mount Sterling, Kentucky
(City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maimie Sumpter
17. Color 18. Age at time of THIS birth 22 yrs.
19. Birthplace Dayton, Washington
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. ~~Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1~~

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Clearwater

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4 above, that I am now 32 years of age, that I have known this person for 32 years, and that Delbert A. Bryant who attended this birth deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maimie Bryant Signature
Orofino, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of July, 1932
(SEAL) Frank C. Smith Notary Public, residing at Orofino, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jul 23 1947 by Registrar.

178578
JUL 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413103 029-3419

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **352656**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County <u>Latah</u>	(b) City <u>Tracy</u>	(a) State <u>Idaho</u>	(b) County <u>Latah</u>
(c) Street Address or R.F.D. No.		(c) City <u>Tracy</u>	
(d) Name of Hospital or Maternity Home:		(d) Street Address or R.F.D. No.	
(e) Mother's stay BEFORE delivery: IN THIS county <u>1</u> years months days		(e) How long has MOTHER lived in Idaho? <u>1</u> yrs.	

4. FULL NAME OF CHILD <u>Frederick Edward Dalton</u>		5. Date of Birth of Child (Month, day, year) <u>Jan. 3, 1910</u>	
6. Sex <u>male</u>	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>
		9. Legitimate? <u>yes</u>	

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Roy Eugene Dalton</u>		16. FULL MAIDEN NAME <u>Annie Turner</u>	
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>23</u> yrs.	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>21</u> yrs.
13. Birthplace <u>Dalton Wis.</u> (City or town) (State or foreign country)		19. Birthplace <u>Miller S. Dakota</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum:

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Wisconsin ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of Columbia

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 32 years, and that Dr. J. W. Olson who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Annie Turner Dalton P. O. Address Dalton Wis.
Subscribed and sworn to before me this 21 day of July, 19 42
(SEAL) Irvin J. Price Notary Public, residing at Dalton, Wis.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

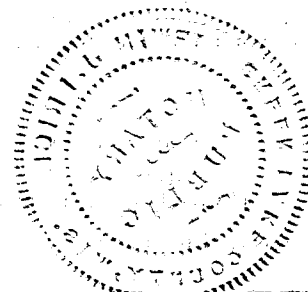
Received for filing on JUL 23 1942 by Mabel J. Belcher Registrar.

JUL 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **352670**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Burley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: ✓

(e) Mother's stay **BEFORE** delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Burley
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Burley Ida.

5. Date of Birth of Child

(Month, day, year) April 16 - 1910

4. FULL NAME OF CHILD

Russell Elmer Wente

6. Sex

Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Ford Edgar Wente

11. Color or Race

White

12. Age at time of THIS birth

32 yrs.

13. Birthplace

Idaho

(City or town) (State or foreign country)

14. Exact Occupation

Carpenter

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Ann Marie Wente

17. Color or Race

White

18. Age at time of THIS birth

37 yrs.

19. Birthplace

Idaho

(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Nevada } ss.
County of Nevada

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears

in Item 4, above, that I am now 63 years of age, that I have known this person for 31 years, and that

Deceased, who attended this birth. I further state that

(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 31st day of January, 1941

(SEAL)

Notary Public, residing at Charles Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotations.)

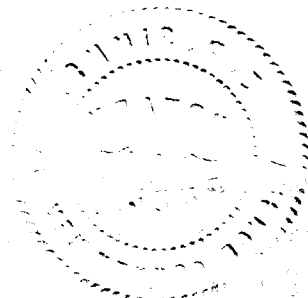
Received for filing on JUL 23 1942 by Marjorie L. ... Registrar.

JUL 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

417 103028-249

352685

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Kootenai</u> (b) City <u>Coeur D'Alene</u> (c) Street Address or R.F.D. No. <u>Second Ave</u> (d) Name of Hospital or Maternity Home: <u>at home address</u> (e) Mother's stay BEFORE delivery: IN THIS county years <u>10</u> months <u></u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth). (a) State <u>Idaho</u> (b) County <u>Kootenai</u> (c) City <u>Coeur d'Alene</u> (d) Street Address or R.F.D. No. <u>Second Ave</u> (e) How long has MOTHER lived in Idaho? <u>10 mo</u> yrs.	
4. FULL NAME OF CHILD <u>Robert William Daggett</u>		5. Date of Birth of Child (Month, day, year) <u>Aug 3 1910</u>	
6. Sex <u>male</u>	7. Twin or Triplet <u></u> If so—born 1st, 2nd, 3rd <u></u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>William Charles Daggett</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>21</u> yrs. 13. Birthplace <u>Fairfield Iowa</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Barber</u> 15. Industry or Business <u></u>		MOTHER OF CHILD 17. FULL MAIDEN NAME <u>Eva Marion Smith</u> 18. Color or Race <u>white</u> 18. Age at time of THIS birth <u>29</u> yrs. 19. Birthplace <u>Curra Nebraska</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u></u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

25. Attendant's OWN signature John Wood (Mother, etc.) M.D. Midwife Address Coeur d'Alene Ida Date July 22 42
State of Washington } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of Spoilaine

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that Dr Wood who attended this birth X I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva Marion Daggett Signature
P. O. Address
Subscribed and sworn to before me this 13th day of July, 19 42
(SEAL) W. B. J. J. Notary Public, residing at Spoilaine
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

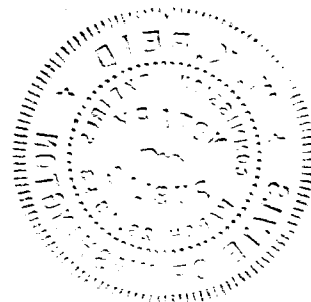
Received for filing on July 24 1942 by W. B. J. J. Registrar.

JUL 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



249 1904 259

352686

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Brothers Home
(e) Mother's stay BEFORE delivery
IN THIS county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Colorado (b) County Mesa
(c) City Clifton
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 mo

4. FULL NAME OF CHILD James Donald Burchhalter

3. RESIDENCE OF FATHER (city, state) Clifton, Colo
5. Date of Birth of Child (Month, day, year) June 19, 1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME James Harold Burchhalter
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Fruit grower

MOTHER OF CHILD
16. FULL NAME Maybelle Joy Knight
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Campbellport Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Homemaker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at about 10-AM. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Maybelle Joy Knight, who is related to this child as Mother (Mother, etc.)

Attendant's OWN signature Minnie B Knight M.D. Midwife Address Nampa, Idaho Date July 23 '12
State of County of ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name) who attended this birth. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address
Subscribed and sworn to before me this day of 19.....
(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 24 1912 by Registrar.

JUL 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

286 129 025 653

352709

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Elk City</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years <u>3</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Washington</u> (b) County <u>Spokane</u> (c) City <u>Hillyard</u> (d) Street Address or R.F.D. No. <u>512 Regal</u> (e) How long has MOTHER lived in Idaho? <u>1/2</u> yrs.	
4. FULL NAME OF CHILD <u>William Edward Shoemaker</u>		5. Date of Birth of Child (Month, day, year) <u>Nov. 29, 1910</u>	
6. Sex <u>male</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Edward Norton Shoemaker</u> 11. Color or Race <u>American</u> 12. Age at time of THIS birth <u>35</u> yrs. 13. Birthplace <u>Burgville Illinois</u> (City or town) (State or foreign country) 14. Exact Occupation <u>mechanic</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mildred Mettler</u> 17. Color or Race <u>American</u> 18. Age at time of THIS birth <u>19</u> yrs. 19. Birthplace <u>Dora, Colorado</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Bend & Oreille } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 31 years of age, that I have known this person for 31/34 years, and that Mrs. Wheeler (First name) (Last name), who attended this birth. cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mildred Shoemaker Signature
Bussick - Wash. P. O. Address

Subscribed and sworn to before me this 23rd day of July, 1942
(SEAL) E. F. Lawrence Notary Public, residing at Basin Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-314, Idaho Code Annotated.)

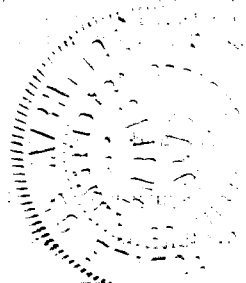
Received for filing on JUL 24 1942 by Registrar.

JUL 28, 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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352711

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. 4 miles East
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay BEFORE delivery:
IN THIS county — years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No. 4 miles East
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) same place

4. FULL NAME OF CHILD Clyde Leonard Pryne

5. Date of Birth of Child (Month, day, year) Mar 15 1910

6. Sex male **7. Twin or Triplet** — **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9 months **9. Legitimate?** yes

FATHER OF CHILD

10. FULL NAME Fred William Pryne
11. Color or Race white **12. Age at time of THIS birth** 32 yrs.
13. Birthplace unknown Pennsylvania
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Alvena Matilda Granli Pryne
17. Color or Race white **18. Age at time of THIS birth** 32 yrs.
19. Birthplace Oslø Norway
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

25. Attendant's **OWN signature** **M.D.** **Midwife** **Address** **Date**

State of Washington } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Clark

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that Dr. Hinkle, who attended this birth cannot be located I further state that (Is now deceased) or (Cannot be located)
(First name) (Last name)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alvena M. Pryne Signature
P. O. Address

Subscribed and sworn to before me this 11 day of July, 1942
(SEAL) Wm. B. Allen Notary Public, residing at 314 E 24 st
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Vanover

Received for filing on JUL 25 1942 by Registrar.

JUL 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

352747

State File No. 234
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Idaho (b) City Kamiah
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay BEFORE delivery:

In Hospital or Maternity Home _____ Days
In THIS county 31 years _____ months _____ days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Idaho
(c) City Kamiah
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 31 yrs.
(f) Mother's mailing address (For registration notice):
Kamiah Idaho

(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

Idaho

4. FULL NAME OF CHILD

Levi Wilbur Frank

6. Sex

Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

5. DATE OF BIRTH

(Month, day, year)

Jan. 30, 1910

8. No. months
of Pregnancy 9

9. Legitimate? yes

10. FULL NAME

Willie B. Frank

FATHER OF CHILD

11. Color
or Race Indian

12. Age at time
of THIS birth 35 yrs.

13. Birthplace

Kamiah Idaho

(City or Town)

(State or foreign country)

14. Exact
Occupation Farmer

15. Industry
Business

16. FULL MAIDEN NAME

MOTHER OF CHILD

Rachel Monteth

17. Color
or Race Indian

18. Age at time
of THIS birth 31 yrs.

19. Birthplace

Kamiah Idaho

(City or Town)

(State or foreign country)

20. Exact
Occupation Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4
(c) Born alive and now dead 2 (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 5 P. M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Rachel Frank, who is
(First name) (Last name)

related to this child as mother
(Mother, etc.)

26. (a) 4/30 - '42
(Date received)

(b) Rachel L. Brown
(Registrar's signature)

25. Attendant's
OWN signature Elizabeth Wilson M.D.
(D.O., Midwife, etc.)

27. Given name added on _____

Mary E. Eder
(Registrar's signature)

and address Kamiah Idaho Date 4/30 - '42

JUL 29 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of

.....
.....

(b) Labor: Complications:

.....
..... Induced?

.....
.....

(c) State all operations for delivery

.....
.....

(d) Did baby have any:

(1) Congenital Malformation?

Describe:

(2) Birth Injury?

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....
.....

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

355 706009-842

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

352773
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>BENAWAA</u> (b) City <u>Desmet</u> (c) Street Address or R.F.D. No. <u>Received mail at Tekoa, Wash.</u> (d) Name of Hospital or Maternity Home: <u>AT Home</u> (e) Mother's stay BEFORE delivery: <u>9</u> years <u>9</u> months <u>9</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>BENAWAA</u> (c) City <u>Desmet</u> (d) Street Address or R.F.D. No. <u>Received mail at Tekoa, Wash.</u> (e) How long has MOTHER lived in Idaho? <u>9</u> mo. yrs.	
4. FULL NAME OF CHILD <u>Archie LeRoy Connors</u>		3. RESIDENCE OF FATHER (city, state) <u>Desmet, Idaho</u>	

6. Sex <u>male</u> 7. Twin or Triplet <u>Triplet</u> FATHER OF CHILD 10. FULL NAME <u>Thomas Henry Connors</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>37</u> yrs. 13. Birthplace <u>Halstead</u> <u>Kansas</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		5. Date of Birth of Child (Month, day, year) <u>11-6-10</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u> MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Lourena May Huston</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>37</u> yrs. 19. Birthplace <u>Tuscola</u> <u>Illinois</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____

State of Washington } **AFFIDAVIT** to be completed when the attendant does not sign
County of King } in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 32 years, and that Dr. Cecil Richards, who attended this birth, cannot be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lourena May Connors Signature
Placematin Wash. P. O. Address

Subscribed and sworn to before me this 22nd day of July, 1942
(SEAL) Harry E. [Signature] Notary Public, residing at Seattle
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-514, Idaho Code Annotated.)

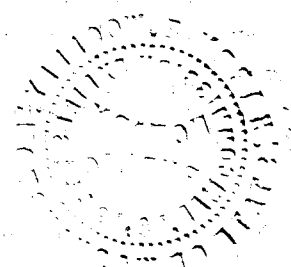
Received for filing on JUL 29 1942 by [Signature] Registrar.

JUL 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

434 708 342-342

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **352784**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **TWINE FALLS** (b) City **TWINE FALLS**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **BORN AT HOME**
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **IDaho** (b) County **TWINE FALLS**
(c) City **TWINE FALLS**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? **2** yrs.

4. FULL NAME OF CHILD

GEO RGE BENNETH WICK

6. Sex **male** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME **WILLIAM H. WICK**
11. Color **white** 12. Age at time of THIS birth **34** yrs.
13. Birthplace **Bismark North Dakota**
(City or town) (State or foreign country)
14. Exact Occupation **Barber**
15. Industry or Business

5. Date of Birth of Child
(Month, day, year)

Aug 9, 1910

8. No. months of Pregnancy **9** 9. Legitimate?

MOTHER OF CHILD

16. FULL MAIDEN NAME **Edith Frances TUBBS**
17. Color **white** 18. Age at time of THIS birth **29** yrs.
19. Birthplace **Logansport Indiana**
(City or town) (State or foreign country)
20. Exact Occupation **House wife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **5** (b) Born alive and now living **5**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of **Idaho** County of **Spokane** ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4, above, that I am now **61** years of age, that I have known this person for **life** years, and that **For David** who attended this birth **cannot locate** I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this **22** day of **July** 19 **1910**

(SEAL)

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **JUL 27 1942** by **Marj E. Egan** Registrar.

JUL 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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352816

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 615 S. 15th St
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county years 6 months 9 days

4. FULL NAME OF CHILD

Robert Bruce Reedy

6. Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

10. FULL NAME

William Mahone Reedy

11. Color White 12. Age at time of THIS birth 25 1/2 yrs.
13. Birthplace Lebanon, Virginia (City or town) (State or foreign country)
14. Exact Occupation Construction Foreman
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 615 S. 15th St
(e) How long has MOTHER lived in Idaho? 1/2 yrs

3. RESIDENCE OF FATHER (city, state)

Boise Idaho
5. Date of Birth of Child (Month, day, year) June 13 1910

8. No. months of Pregnancy 9 6. Legitimate? yes

16. FULL MAIDEN NAME

Florence Ellen Potter

17. Color White 18. Age at time of THIS birth 18 1/2 yrs.
19. Birthplace Gonesville, Virginia (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

25. Attendant's OWN signature (Mother, etc.)

M.D. Midwife Address Date

State of Oregon County of Multnomah ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 32 years, and that Dr. (Name Unknown) B. W. E. S., who attended this birth 2 was deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Ellen Reedy Signature

Subscribed and sworn to before me this 9th day of July, 1942

(SEAL) J. C. Bishop Notary Public, residing at Portland Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires May 30, 1944

Received for filing on JUL 28 1942 by Mary Elder Registrar.

JUL 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **352820**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county 13 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville Ida

5. Date of Birth of Child

(Month, day, year) Apr. 23 1910

4. FULL NAME OF CHILD Nellie Marguerite Manning

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Vinil Manning

11. Color or Race White 12. Age at time of THIS birth 42 yrs.

13. Birthplace Dubalk Co. Mo.
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Margaret Butler

17. Color or Race White 18. Age at time of THIS birth 41 yrs.

19. Birthplace Oskaloosa Kans.
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 10:30 P.M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Eva Manning, who is related to this child as Mother
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Idaho ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 32 years, and that

Mary A. Butler, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 14 day of July 1942
(SEAL) Arthur Campbell Notary Public, residing at Grangeville Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 16 1942 by Mary E. Edgar Registrar.

JUL 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352835
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Latah (b) City MOSCOW,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 2 years months days

4. FULL NAME OF CHILD

Bertha Vianna Hodge

6. Sex

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Rufus Hodge
11. Color white 12. Age at time of THIS birth 35 yrs.
13. Birthplace Mason County, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Julia Schultz
17. Color white 18. Age at time of THIS birth 33 yrs.
19. Birthplace Newton County, Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 9 P. M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Martha Hodge, who is related to this child as Mother (First name) (Last name)

25. Attendant's

OWN signature

M.D. —
Midwife

Address

Date

State of Washington County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 65 years of age, that I have known this person for 32 years, and that

Adair, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 28th day of July, 1942

(SEAL)

J. E. A. Laramie

Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 30 1942

by

Martha J. Hodge Signature
9053 South Yakima Ave P. O. Address
Marion E. Elder Registrar.

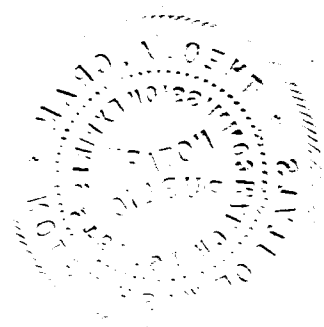
JUL 31 1942

JAN 30 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Quater (b) City Challis
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME OF CHILD

Sparry Branca

6. Sex

Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Mal Branca

11. Color or Race

White

Age at time of THIS birth

57 yrs.

13. Birthplace

Verona, Mezzola, Italy
(City or town) (State or foreign country)

14. Exact Occupation

Miner

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Butte

(c) City Challis

(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Challis, Ida

5. Date of Birth of Child

(Month, day, year) March 19, 1910

MOTHER OF CHILD

16. FULL MAIDEN NAME

Anna Borgetta

17. Color or Race

White

Age at time of THIS birth

32 yrs.

19. Birthplace

Verona, Mezzola, Italy
(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)

25. Attendant's

OWN signature

Mrs Anna Branca

M.D.

Midwife

Address

Date

State of Idaho

County of Salt Lake

ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 32 years, and that

(First name) Mrs Webb (Last name) who attended this birth is now deceased I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 25th day of July, 1942

(SEAL)

Notary Public, residing at Salt Lake City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 28 1942 by Marj E. Edwards, Registrar.

352838

JUL 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352839
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 21 yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Deane Ridd Bowen

5. Date of Birth of Child
(Month, day, year) Oct 26 - 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. FULL NAME Olier Lee Bowen
11. Color White 12. Age at time of THIS birth 22 yrs.
13. Birthplace Utah
(City or town) (State or foreign country)
14. Exact Occupation Master Mechanic at
15. Industry or Business Utah Ore Sampling Co Murray Utah

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Ellen Ridd
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 6:00 P.M. on the date Nov 18 - 1910 and at the place stated above, and that personal particulars were furnished by Minnie Ellen Ridd Bowen who is related to this child as Mother (First name) (Last name) 4691 East John apt

25. Attendant's OWN signature Tommy M.D. Midwife Address San Francisco Calif Date 7-24-42
State of Calif County of Salt Lake ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

- I, the undersigned, being first duly sworn, say that I am the Attendant of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 31 years, and that Mr. Oscar Olander who attended this birth Cannot be located I further state that (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 132, 1937 Session Laws.

- Subscribed and sworn to before me this 10th day of July, 1942
(SEAL) Fred T. Jensen Notary Public, residing at Murray, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1942 by Mabel S. Edger Registrar.

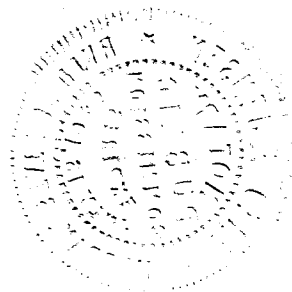
JUL 31 1942

332
S. H. H. H. H.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



812-212022-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **352843**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **FREMONT** (b) City **near Squirrel**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county **4** years **6** months **12** days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Fremont**
(c) City **near Squirrel**
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? **4** yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD **FLORENCE, LOUISE, EMILY, HABEKOST**

5. Date of Birth of Child
(Month, day, year) **Oct. 12 - 1910**

6. Sex **Female** **7. Twin or Triplet** **If so—born 1st, 2nd, 3rd**

8. No. months of Pregnancy **9** **9. Legitimate?** **Yes**

FATHER OF CHILD

10. FULL NAME **RUDOLPH HABEKOST**
11. Color or Race **W** **12. Age at time of THIS birth** **30** yrs.
13. Birthplace **Concordia, MISSOURI**
(City or town) (State or foreign country)
14. Exact Occupation **Farming**
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME **FLORA BERGMANN**
17. Color or Race **White** **18. Age at time of THIS birth** **32** yrs.
19. Birthplace **Concordia, MISSOURI**
(City or town) (State or foreign country)
20. Exact Occupation **House WIFE**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **Silver Nitrate**

23. Number of children of this mother: (a) At time of birth and including this child **3** (b) Born alive and now living **1**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **alive** at **mine** on the date **10-12-1910**
(Born alive, stillborn) (First name) (Last name)
and at the place stated above, and that personal particulars were furnished by **Rudolph Habekost** who is related to this child as **father** (Mother, etc.)

25. Attendant's OWN signature **E. L. Lange** **M.D.** **Midwife** **Address** **Arden Idaho** **Date** **7-26-42**

State of..... } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL) Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **JUL 28 1942** by **Mary E. Eder**, Registrar.

JUL 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **352859**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. <u>Almond St.</u> (d) Name of Hospital or Maternity Home: <u>At home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>3</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Moscow</u> (d) Street Address or R.F.D. No. <u>Almond St.</u> (e) How long has MOTHER lived in Idaho? <u>3</u> yrs.	
4. FULL NAME OF CHILD <u>Gwendolyn Artell Peterson</u>		5. Date of Birth of Child (Month, day, year) <u>March 11, 1910</u>	
6. Sex <u>Female</u>		7. Twin or Triplet <u>No</u> 8. No. months of Pregnancy <u>9</u>	
9. Legitimate? <u>Yes</u>		10. FULL NAME <u>Charles Peterson</u>	
11. Color or Race <u>White</u>		12. Age at time of THIS birth <u>40</u> yrs.	
13. Birthplace <u>Spencer, Iowa</u> (City or town) (State or foreign country)		14. Exact Occupation <u>Lawyer</u>	
15. Industry or Business		16. FULL MAIDEN NAME <u>Emma Artell</u>	
17. Color or Race <u>White</u>		18. Age at time of THIS birth <u>35</u> yrs.	
19. Birthplace <u>Minnesota</u> (City or town) (State or foreign country)		20. Exact Occupation <u>Housewife</u>	
21. Industry or Business		22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Silver Nit.</u>	
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's: **OWN signature** Washington **M.D.** King **Midwife** **Address** **Date**

State of Washington County of King } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that Dr. Joseph Appray who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Peterson Signature
408 Wall St., Seattle, Wash. P. O. Address

Subscribed and sworn to before me this 27th day of July, 1942
(SEAL) [Signature] Notary Public, residing at Seattle
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, annotated.)

Received for filing on JUL 29 1942 by Mary Elder Registrar.

JUL 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 352861

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Gem</u> (b) City <u>Pearl</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>9</u> years <u>4</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Gem</u> (c) City <u>Pearl</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>20</u> yrs.	
4. FULL NAME OF CHILD <u>Kathryn Isabel McLean</u>		3. RESIDENCE OF FATHER (city, state) <u>Pearl, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>2-11-1910</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>Triplet</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>David Livingston McLean</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>45</u> yrs. 13. Birthplace <u>Merigomish, Nova Scotia</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Stationary Engineer</u> 15. Industry or Business <u>Quartz Mine</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Catherine Jane McDonald</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>34</u> yrs. 19. Birthplace <u>Dover, New Hampshire</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>6</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Midwife _____ Address _____ Date _____

State of _____ County of _____ } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the _____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____ (First name) _____ (Last name), who attended this birth _____ (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this _____ day of _____ 19____
(SEAL) _____ Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 29 1942 by _____ Registrar.

JUL 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

154728010432

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **352863**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 360 Basalt St.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 360 Basalt St.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
3. **RESIDENCE OF FATHER** (city, state) Ida. Falls, Ida.

4. **FULL NAME OF CHILD** Ivan F. Anderson
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
6. Sex male

5. Date of Birth of Child (Month, day, year) Feb. 28, 1910
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** C. Fred Anderson
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Argyle, Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Machinist
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Frank R. McKee
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Humboldt, Iowa
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that Dr. T. W. Bridges who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank R. Anderson Signature

360 Basalt St., Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of July, 1942

(SEAL) _____ Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 28 1942 by Mont B. Baker, Registrar.

6849310

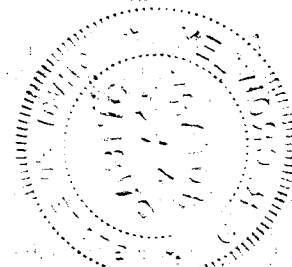
AUG 29 1972

JUL 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



352869

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH STATE OF IDAHO

PLACE OF BIRTH (All items at time of this birth)

- (a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
St. Alphonsus Hospital
(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years 11 months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

5. Date of Birth of Child
(Month, day, year) Sept. 2, 1910

4. FULL NAME OF CHILD Emilie Cora Crocker

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Eben Clinch Crocker
11. Color White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Norwich Connecticut
(City or town) (State or foreign country)
14. Exact Occupation Irrigation Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Martin Pugsley
17. Color White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Clarendon New York
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho ss.
County of Shoshone

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 32 years, and that Dr. John (?) Breerton, who attended this birth is now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 27 day of July, 1912
(SEAL) Notary Public, residing at Wallace Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 28 1912 by Notary Public, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. copy requires an advance payment of fifty cents, money order or coin.

JUL 31 1942

DEC 23 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is correct date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **352873**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Nez Perce** (b) City **Lewiston**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years **8** months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Nez Perce**
(c) City **Lewiston**
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? **8 mo.**

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child

(Month, day, year) **Dec 12th, 1910**

4. FULL NAME OF CHILD

Clayton Kenneth Weaver

7. Twin or

Triplet

If so—born

1st, 2nd, 3rd

8. No. months

of Pregnancy

9. Legitimate?

6. Sex **male**

FATHER OF CHILD

10. FULL NAME

Albert Dewitt Weaver

11. Color

white

12. Age at time

of THIS birth **23 yrs.**

13. Birthplace

Neely Nebraska

(City or town)

(State or foreign country)

14. Exact

Occupation

Farmer

15. Industry or

Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Shaw Orpha Emily Weaver

17. Color

white

18. Age at time

of THIS birth **18 yrs.**

19. Birthplace

Central Bluff Iowa

(City or town)

(State or foreign country)

20. Exact

Occupation

House Wife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **4**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)

(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of **California** ss.
County of **San Bernardino**

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **father** of the person whose name appears in Item 4, above, that I am now **55** years of age, that I have known this person for **32** years, and that

Dr. Cassan who attended this birth **cannot be located** I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Dewitt Weaver

Signature

93 E. Norton, Rasterville, Calif.

P. O. Address

Subscribed and sworn to before me this **13** day of **June**, 19**42**

(SEAL)

Ardat Doherty

Notary Public, residing at **Latamille Calif.**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. Commission Expires March 20, 1944)

Received for filing on **JUN 29 1942** by **Mary Elder**, Registrar.

678878
JUL 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

289-204028-389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **352874**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No. 1st Post Falls
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 1 years 8 months 7 days

4. FULL NAME OF CHILD

Dorothea Mateel Keimig

6. Sex Girl 7. Twin or Triplet second If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME John Albert Keimig
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Atchison, Kansas
(City or town) (State or foreign country)
14. Exact Occupation Industry
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No. 4

(e) How long has MOTHER lived in Idaho? 14 yrs. 8

3. RESIDENCE OF FATHER (city, state) 144 8 Months

5. Date of Birth of Child
(Month, day, year) Aug 4 1910

8. No. months of Pregnancy nine 9. Legitimate?

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Mateel Thiele
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Idaho
(City or town) (State or foreign country)
20. Exact Occupation Industry
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington County of Spokane ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for years, and that

....., who attended this birth I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this MAR - 9 1942 day of 19.....
(SEAL) Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

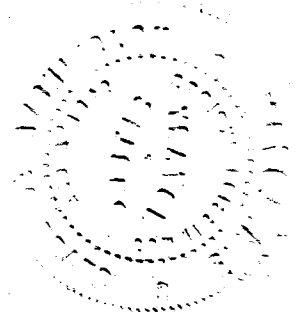
Received for filing on JUL 28 1942 by Mary E. Elder, Registrar.

JUL 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

819-210-357-751

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **352900**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Battle</u> (b) City <u>Moore</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months days	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Battle</u> (c) City <u>Moore</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>58</u> yrs.
---	---

4. FULL NAME OF CHILD <u>Eliza Olive Harney</u> i. Twin or Triplet If so born 1st, 2nd, 3rd	5. Date of Birth of Child (Month, day, year) <u>1st-10-1910</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>
---	---

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Edward Grid Harney</u>	16. FULL MAIDEN NAME <u>Ida May Pearson</u>		
11. Color or Race <u>white</u>	17. Color or Race <u>white</u>		
12. Age at time of THIS birth <u>34</u> yrs.	18. Age at time of THIS birth <u>31</u> yrs.		
13. Birthplace <u>Trim Bridge, Montana</u> (City or town) (State or foreign country)	19. Birthplace <u>Salt Lake City, Utah</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Farming</u>	20. Exact Occupation <u>House wife</u>		
15. Industry or Business	21. Industry or Business		

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of minidoka

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for since birth years, and that (First name) (Last name), who attended this birth. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Ida May Kern
P. O. Address Report Ida
Subscribed and sworn to before me this 28 day of July, 1942
(SEAL) W. J. Jensen Notary Public, residing at Report Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 30 1942 by Mabel E. Eber, Registrar.

100-130
AUG 4

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **352902**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St. Lukes Hospital
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 4 months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 816 N. 21st St
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD

Joe McClaran Deardorff

5. Date of Birth of Child

(Month, day, year) June 2, 1910

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frank Milton Deardorff
11. Color White 12. Age at time
or Race White of THIS birth 49 yrs.
13. Birthplace Franklin Grove, Ill.
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva May McClaran
17. Color White 18. Age at time
or Race White of THIS birth 36 yrs.
19. Birthplace Panora, Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at Boise M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)

25. Attendant's OWN signature James H. Stewart M.D. Address Boise Idaho Date July 19, 1912
Midwife

State of..... ss.
County of.....

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears
in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that

....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 30 1912 by Marl Treder Registrar.

AUG 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

855 222 001 785

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **352913**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
3. **RESIDENCE OF FATHER** (city, state) Boise Idaho

4. **FULL NAME OF CHILD** Mabel Alice Henry

5. Date of Birth of Child
(Month day, year) Jan 22, 1910

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy Saturday 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Subbliton Henry
11. Color White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Steamboat, Pa.
(City or town) (State or foreign country)
14. Exact Occupation Plasterer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosamond Ayers
17. Color White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Leicester, South Dak.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's **OWN** signature..... M.D. Midwife Address Date
(Mother, etc.)

State of.....County of.....
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that.....Doctor.....Faulk....., who attended this birth.....is deceased.....I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature.....
1938.....P. O. Address.....
Subscribed and sworn to before me this.....day.....1942
(SEAL).....Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho, Chapter 17-9-1, Idaho Code Annotated.)

Received for filing on JUL 30 1942 Registrar.....

AUG 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

672 226 035-294

352928

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Nez Perce</u> (b) City <u>Peck</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: <u>10</u> years <u>0</u> months <u>0</u> days IN THIS county		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City <u>Peck</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>21</u> yrs.	
4. FULL NAME OF CHILD <u>Evelyn Leone Wishard</u>		5. Date of Birth of Child (Month, day, year) <u>April 26, 1910</u>	
6. Sex <u>female</u> 7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Richard Wishard</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>40</u> yrs. 13. Birthplace <u>Albany, Oregon</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Meat business</u> 15. Industry or Business <u>Owned butcher shop</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Laura Kimberling</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>37</u> yrs. 19. Birthplace <u>Ceres, Virginia, Bland Cty.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 7:00 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mrs. Laura Wishard, who is related to this child as mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature J. M. Lyle **M.D.** Liveston Idaho **Address** 7-30-42
Midwife

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth. (First name) (Last name) (Is now deceased) or (Cannot be located)
I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this day of , 19.....

(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

Received for filing on JUL 31 1942 by Mary E. Fisher Registrar.

FEB 25 1971

AUG 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

359129 025859

352961

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Grangeville</u> (c) Street Address or R.F.D. No. <u>1</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: <u>home</u> IN THIS county <u>2</u> years <u>5</u> months <u></u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Grangeville</u> (d) Street Address or R.F.D. No. <u>1</u> (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>Harold Carlen Leischnner</u>		5. Date of Birth of Child (Month, day, year) <u>Nov 29. 1910</u>	
6. Sex <u>male</u>		8. No. months of Pregnancy	
7. Twin or Triplet		9. Legitimate? <u>yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Joseph Leischnner</u>		16. FULL MAIDEN NAME <u>Anna Heing</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u></u> yrs.		18. Age at time of THIS birth <u>20</u> yrs.	
13. Birthplace <u>Mahr Khorbug, Moravia</u> (City or town) (State or foreign country)		19. Birthplace <u>Landskron Bohemia</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for.....years, and that Andrew Stockton, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Anna Leischnner Signature
Wallace, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of July, 1942

(SEAL) W. E. Ryan Notary Public, residing at Wallace, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

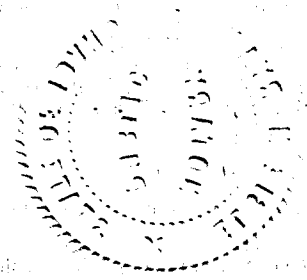
Received for filing on JUL 31 1942 by , Registrar.

AUG 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



455125027-685

352971

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

- | | |
|--|--|
| <p>1. PLACE OF BIRTH (All items at time of this birth)</p> <p>(a) County <u>Jerome</u> (b) City <u>Jerome</u></p> <p>(c) Street Address or R.F.D. No. <u>R.F.D.</u></p> <p>(d) Name of Hospital or Maternity Home: <u>At Home</u></p> <p>(e) Mother's stay BEFORE delivery:
IN THIS county years <u>6</u> months days</p> | <p>2. USUAL RESIDENCE OF MOTHER (At time of this birth)</p> <p>(a) State <u>Idaho</u> (b) County <u>Jerome</u></p> <p>(c) City <u>Jerome</u></p> <p>(d) Street Address or R.F.D. No. <u>R.F.D.</u></p> <p>(e) How long has MOTHER lived in Idaho? <u>6 mo.</u> yrs.</p> |
|--|--|

- 3. RESIDENCE OF FATHER** (city, state) Jerome, Idaho
- 4. FULL NAME OF CHILD** Russell Truman Denton
- 5. Date of Birth of Child** (Month, day, year) Feb. 25, 1910
- 6. Sex** Male **7. Twin or Triplet** No **8. No. months of Pregnancy** 9 **9. Legitimate?** Yes

- | | |
|--|--|
| <p>FATHER OF CHILD</p> <p>10. FULL NAME <u>Leander Trague Denton</u></p> <p>11. Color <u>White</u> 12. Age at time of THIS birth <u>34</u> yrs.</p> <p>13. Birthplace <u>Denton Valley, Abbingdon Va.</u>
(City or town) (State or foreign country)</p> <p>14. Exact Occupation <u>Proprietor of Dairy Farm</u></p> <p>15. Industry or Business <u>Dairy Farm</u></p> | <p>MOTHER OF CHILD</p> <p>16. FULL MAIDEN NAME <u>Jessie May Wheeler</u></p> <p>17. Color <u>White</u> 18. Age at time of THIS birth <u>30</u> yrs.</p> <p>19. Birthplace <u>Dunkerton Iowa</u>
(City or town) (State or foreign country)</p> <p>20. Exact Occupation <u>Housewife</u></p> <p>21. Industry or Business <u>Unknown</u></p> |
|--|--|

- 22. Name prophylactic used to prevent Ophthalmia Neonatorum** Unknown
- 23. Number of children of this mother:** (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

- 24. I HEREBY CERTIFY** That I attended the birth of this child, who was Born Alive at Approx. 6 A.M. on the date (Born alive, stillborn)
- and at the place stated above, and that personal particulars were furnished by Leander Denton, who is related to this child as Father (First name) (Last name)

- 25. Attendant's OWN signature** _____ **M.D.** _____ **Midwife** _____ **Address** _____ **Date** _____

State of Washington County of Kitsap } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 32 years, and that Denton Piper, who attended this birth, Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

The facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leander T. Denton Signature
Winslow, Washington P. O. Address

Subscribed and sworn to before me this 29th day of July, 1942
(SEAL) E. W. Pettit Notary Public, residing at Post Blakely, Wn.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July JUL 31 1942 by Mary E. Loper Registrar.

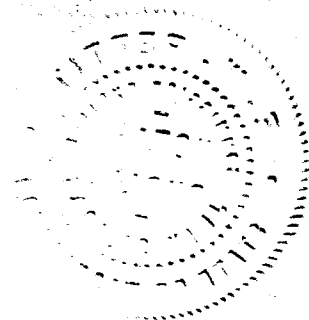
AUG 12 1942

AUG 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

386 118 229 639

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

353040

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Tray
(c) Street Address or R.F.D. No. no
(d) Name of Hospital or Maternity Home: no
(e) Mother's stay BEFORE delivery:
IN THIS county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Tray
(d) Street Address or R.F.D. No. 74
(e) How long has MOTHER lived in Idaho? 20 yrs.

4. FULL NAME
OF CHILD

Cecil Williams Thorp

3. RESIDENCE OF FATHER (city, state) Tray Idaho
5. Date of Birth of Child
(Month, day, year) Nov. 18 1910

6. Sex

male

7. Twin or
Triplet

no

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9 mo

9. Legitimate? yes

10. FULL
NAME

Stephen C. Douglas Thorp

11. Color
or Race

white

12. Age at time
of THIS birth

4 7 yrs.

13. Birthplace

(City or town)

Illinois

(State or foreign country)

14. Exact
Occupation

Farmer

15. Industry or
Business

none

16. FULL MAIDEN
NAME

Gertrude Flint

17. Color
or Race

white

18. Age at time
of THIS birth

39 yrs.

19. Birthplace

(City or town)

Northampton

(State or foreign country)

20. Exact
Occupation

Housewife

21. Industry or
Business

none

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 10th (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Gertrude Thorp, who is
related to this child as mother
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

Washington

M.D.
Midwife

Address

Date

State of Washington } ss.
County of Franklin

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
in Item 4, above, that I am now 71 years of age, that I have known this person for 31 years, and that
Olson, who attended this birth Residence unknown
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 133, 1937 Session Laws.

Subscribed and sworn to before me this 22nd day of July, 1942

(SEAL)

W. M. Tucker

Jul

Notary Public, residing at Bellingham, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 31 1942 by Mabel E. Egan, Registrar.

APR 24 1973

AUG 5

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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366-119 004 624

353054

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bear Lake</u> (b) City <u>Bloomington</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Born at home of Mrs Alice Osmond (grand-</u> (e) Mother's stay <u>BEFORE</u> delivery: <u>mother</u> <u>IN THIS</u> county <u>years</u> <u>one</u> months <u>days</u>	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Utah</u> (b) County <u>Rich</u> (c) City <u>ranch near Garden City</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>21</u> yrs.
3. RESIDENCE OF FATHER (city, state) <u>Garden City, Utah</u>	

4. FULL NAME OF CHILD <u>Grant Osmond Cook</u>	5. Date of Birth of Child (Month, day, year) <u>March 19, 1910</u>
6. Sex <u>male</u>	7. Twin or Triplet <u>Triplet</u> If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy <u>nine</u>	9. Legitimate? <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Alonzo Baker Cook</u>	16. FULL MAIDEN NAME <u>Alice Maud Osmond</u>	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>26</u> yrs.
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>27 1/2</u> yrs.	19. Birthplace <u>Bloomington, Bear Lake Co., Idaho</u> (City or town) (State or foreign country)	20. Exact Occupation <u>school teacher before marriage</u>
13. Birthplace <u>(Swan Creek, near Garden City, Utah)</u> (City or town) (State or foreign country)	21. Industry or Business <u>housewife since</u>		
14. Exact Occupation <u>Farmer</u>			
15. Industry or Business			

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at the M. on the date July 30, 1942 and at the place stated above, and that personal particulars were furnished by Alice Maud Cook, who is related to this child as mother (Mother, etc.)

25. Attendant's OWN signature M. Hayward **M.D. Midwife** Logan **Address** Ut. **Date** July 30, 1942
State of _____ County of _____ } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth _____ I further state that _____ (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____

(SEAL)

Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 1 1942 by Maud E. Baker, Registrar.

AUG 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

AUG 1 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

353059
State File No. 108
Local Reg. No. 330
Reg. Dist. No. 330

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City PAYETTE
(c) Street Address or R.F.D. No. 1285 FIRST ST.
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mother's stay BEFORE delivery:
IN THIS county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State MISSOURI (b) County GREEN
(c) City SPRINGFIELD
(d) Street Address or R.F.D. No. 546 on 48th W. WEBSTER
(e) How long has MOTHER lived in Idaho? 6 months

3. RESIDENCE OF FATHER (city, state) SAME as above
5. Date of Birth of Child
(Month, day, year) Dec. 12 1910

4. FULL NAME OF CHILD Paul James Driscoll

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME CHARLES WILLIAM DRISCOLL
11. Color white 12. Age at time of THIS birth 30 yrs.
13. Birthplace St. Louis, Missouri
(City or town) (State or foreign country)
14. Exact Occupation musician
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME May Clara Scrivner
17. Color white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Wright County, Missouri
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive ----- M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by MAY CLARA SCRIVNER, who is related to this child as MOTHER
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature J. C. Woodward M.D. Midwife Address PAYETTE, IDAHO Date 7/30/42

State of California County of San Diego } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 31 years, and that Dr. J. C. Woodward who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

May C. Haldrige Signature
2143 Bacon St. Ocean Beach P. O. Address

Subscribed and sworn to before me this 16 day of July, 1942
(SEAL) James T. Ward Notary Public, residing at Ocean Beach, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 7-914, Idaho Code Annotated.)

Received for filing on JUL 30 1942 J. C. Woodward Registrar.

AUG 5 1942

8461 2 2 100

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-129022-255

353072

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county 12 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 21 yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD George Percy Bowers

5. Date of Birth of Child
(Month, day, year) August 29, 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Percy Bowers
11. Color White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Salt Lake City, Utah
(City or town) (State or foreign country)
14. Exact Occupation Railroad Agent
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Naomi Beesley
17. Color White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Provo, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature.....M.D. Midwife Address.....Date.....
State of Idaho County of Madison } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that Mrs Waltz....., who attended this birth.....deceased.....I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Naomi Bowers.....Signature
189 1st Ave., Salt Lake City, Utah.....P. O. Address

Subscribed and sworn to before me this 2nd day of July, 1942
(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on JUL 29 1942 by Mabel H. H. H. Registrar.

STOR22
AUG 5

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

814-229 003-319

353075

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Oxford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 18 years 5 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Oxford
(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Oxford

4. FULL NAME OF CHILD Myrtle Ellen Hadley

6. Sex Female 7. Twin or Triplet No 8. No. months of Pregnancy 9 9. Legitimate? Yes

5. Date of Birth of Child (Month, day, year) Jan 29, 1910

FATHER OF CHILD

10. FULL NAME Fay William Hadley
11. Color or Race White 12. Age at time of THIS birth 20 yrs.
13. Birthplace Willard City, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Violet Carlson
17. Color or Race White 18. Age at time of THIS birth 18 yrs.
19. Birthplace Clifton Idaho
(City or town) (State or foreign country)
20. Exact Occupation

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho }
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 32 years, and that Dr. Ray Fisher who attended this birth Cannot be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Violet Carlson Hadley Signature
1425 W. Fairfield Pocatello Idaho P. O. Address

Subscribed and sworn to before me this 28th day of July, 19 42

(SEAL) A B Chase Notary Public, residing at Pocatello Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

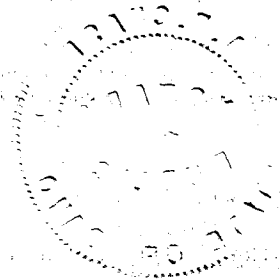
Received for filing on JUL 29 1942 by Mabel E. Fisher, Registrar.

AUG 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

689 116030-866

353124

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Child born on own Home
(e) Mother's stay BEFORE delivery:
IN THIS county 5 years - months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Salmon Idaho

5. Date of Birth of Child
(Month, day, year) May 16 - 1910

4. FULL NAME OF CHILD Raymond Arthur White

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Russell W. White
11. Color white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Laurens, Iowa (City or town) Indiana (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Elizabeth White
17. Color white 18. Age at time of THIS birth 30 yrs.
19. Birthplace Happy, Kentucky (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Idaho County of Lemhi ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 33 years, and that Dr. Frank S. Wright who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva Elizabeth White Signature
Salmon Idaho P. O. Address

Subscribed and sworn to before me this 21st day of July 1942
(SEAL) Tom J. Baker Notary Public, residing at Salmon Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

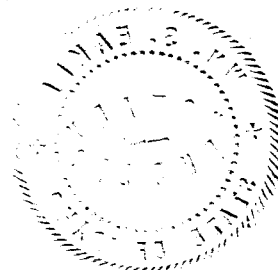
Received for filing on JUL 25 1942 by Marj E. Fisher Registrar.

AUG 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

632-125028-556

353127

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 1022 Lakeside Ave
(d) Name of Hospital or Maternity Home:
Born in Home
(e) Mother's stay BEFORE delivery:
IN THIS county 19 years 2 months 22 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 1022 Lakeside
(e) How long has MOTHER lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene, Ida.

4. FULL NAME OF CHILD

Emil Edward Olson

5. Date of Birth of Child

(Month, day, year) Nov. 25, 1910

6. Sex male

7. Twin or

Triplet no

If so—born

1st, 2nd, 3rd

8. No. months

of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Axel Christ Olson

11. Color or Race white

12. Age at time

of THIS birth 30 yrs.

13. Birthplace

(City or town)

(State or foreign country)

Norway

14. Exact Occupation

Laborer

15. Industry or Business

Lumbering

MOTHER OF CHILD

16. FULL MAIDEN NAME

Veda Leona Newton

17. Color or Race white

18. Age at time

of THIS birth 19 yrs.

19. Birthplace

(City or town)

(State or foreign country)

Rockford, Washington

20. Exact Occupation

Housewife

21. Industry or Business

none

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Kootenai

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 31 years, and that

Dr. John Dwyer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 21 day of July

(SEAL)

M. A. Kiger Notary Public, residing at Harrison

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 3 1942 by Mabel E. Fisher Registrar.

DEC 20 1973

AUG 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449,219 016-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

State File No. **353182**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Almo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Farm Home
(e) Mother's stay BEFORE delivery:
IN THIS county years 27 months 1 days 13

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Almo
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 59 yrs

4. **FULL NAME OF CHILD** Wilale B. Duffer
6. Sex 7
7. Twin or Triplet No born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Almo Idaho
5. Date of Birth of Child (Month, day, year) Nov 19 1918
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD
10. **FULL NAME** Lacy Eugene Duffer
11. Color White 12. Age at time of THIS birth 28 yrs
13. Birthplace Almo Cassia Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer & Black Raiser
15. Industry or Business

MOTHER OF CHILD
16. **FULL NAME** Sarah Keturah Bronson
17. Color White 18. Age at time of THIS birth 27 yrs
19. Birthplace Willard Utah
(City or town) (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Solution
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Living at Almo M. on the date July 21 1942
(Born alive, still born)
and at the place stated above, and that personal particulars were furnished by Sarah Duffer who is related to this child as Mother
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** Mary R. Peterson Midwife Address Riverton Utah Date July 21 1942
State of Idaho ss. ss.
County of Idaho

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Attendant of the person whose name appears in Item 4, above, that I am now 27 years of age, that I have known this person for 27 years, and that Mary R. Peterson, who attended this birth, is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 4 day of August, 1942
(SEAL) Notary Public, residing at Almo Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 4 1942 by Mary R. Peterson Registrar.

1-28-63
AUG 21 1972

AUG 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

789-211-021-433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

353212

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Franklin</u> (b) City <u>Weston</u> (c) Street Address or R.F.D. No. <u>R.F.D. #1</u> (d) Name of Hospital or Maternity Home: <u>Family Home</u> (e) Mother's stay BEFORE delivery: <u>IN THIS</u> county <u>10</u> years <u>5</u> months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Franklin</u> (c) City <u>Weston</u> (d) Street Address or R.F.D. No. <u>R.F.D. #1</u> (e) How long has MOTHER lived in Idaho? <u>10</u> yrs.	
4. FULL NAME OF CHILD <u>WANDA LAEL PHILLIPS</u>		5. Date of Birth of Child (Month, day, year) <u>Oct. 11, 1910</u>	
6. Sex <u>Female</u> 7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>Nine</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William Mathew Phillips</u>		16. FULL MAIDEN NAME <u>Sarah Elizabeth McCann</u>	
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>42</u> yrs.		17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>42</u> yrs.	
13. Birthplace <u>Abergavenny, England</u> (City or town) (State or foreign country)		19. Birthplace <u>Smithfield, Utah</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Farming</u>		21. Industry or Business <u>House-keeping</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>8</u> (b) Born alive and now living <u>7</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Midwife Address Date** _____

State of Utah
County of Weber } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 31 years, and that Dr. Allen R. Cutler who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Elizabeth Phillips Signature

441-36 St Ogden Utah P. O. Address

Subscribed and sworn to before me this 25th day of July 1942

(SEAL)

R. M. Zucalan

Notary Public, residing at Ogden Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 7-28-42 by _____, Registrar.

JUL 28 1942

DEC 11 1968

AUG 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **353244**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Falk
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Falk
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

4. FULL NAME OF CHILD

John Moroni DeGraw

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Moroni Jacob DeGraw
11. Color or Race White 12. Age at time of THIS birth 23 yrs.
13. Birthplace Glendale Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

3. RESIDENCE OF FATHER (city, state) Falk, Idaho

5. Date of Birth of Child
(Month, day, year) Oct. 31-1910

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Mable Alice Vannetta
17. Color or Race White 18. Age at time of THIS birth 16 yrs.
19. Birthplace Curtis Nebraska
(City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child. 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of California
County of Butte } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 32 years, and that Mrs. Hoagland who attended this birth deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

M. J. DeGraw

Signature

P.O. Box 1044, Oroville, California P. O. Address

Subscribed and sworn to before me this 4th day of August, 19 42

(SEAL)

Florence A. Stuenkeland Notary Public, residing at Oroville, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

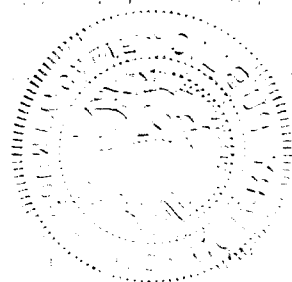
Received for filing on AUG 6 1942 by Mabel E. Eber Registrar.

88888
AUG 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

391-101-025 815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **353255**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Keuterville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county years 13 months days

4. FULL NAME OF CHILD Hubert Joseph Trautman

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME William Trautman
11. Color or Race White 12. Age at time of THIS birth not known yrs.
13. Birthplace NOT KNOWN (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Keuterville
(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Keuterville, Idaho

5. Date of Birth of Child (Month, day, year) March 1, 1910

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Haener
17. Color or Race White 18. Age at time of THIS birth NOT KNOWN yrs.
19. Birthplace NOT KNOWN (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife

Address

Date

State of Idaho } ss.
County of Nezperce

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the SISTER of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 41 years, and that MRS JAKE TRAUTMAN, who attended this birth IS NOW DECEASED. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mary Miller
Butteville, Wash. R1

Signature

P. O. Address

Subscribed and sworn to before me this 3 day of August, 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public, residing at Leeson, Idaho

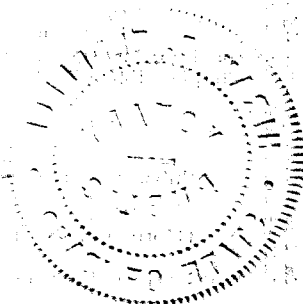
Received for filing on Aug 7 1942 by Mary Miller, Registrar.

AUG 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

556-112-006815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

353266

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home:
Farm residence.
(e) Mother's stay **BEFORE** delivery:
IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

4. FULL NAME OF CHILD

Otto William Neff

6. Sex Male. 7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) January 12th, 1916

8. No. months of Pregnancy 9. 9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Karl Neff
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Wimpfen Germany
(City or town) (State or foreign country)
14. Exact Occupation Farming.
15. Industry or Business Agriculture.

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Eva Hanneman
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Dessler Nebraska
(City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argrol.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that Mary Northdurft, who attended this birth is now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Eva Neff Signature
Pingree, Route #1, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of August, 19 42

(SEAL)

Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 6 1942 by Mary E. Neff, Registrar.

AUG 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises:

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

299-223035547
United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

353283
State File No. _____
Local Reg. No. _____
Reg.-Dist. No. _____

1. PLACE OF BIRTH:

- (a) County My Perce (b) City Peck
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery:

In Hospital or Maternity Home _____ Days
In THIS county 6 years _____ months _____ days

4. FULL NAME OF CHILD

Elma Lee Kirby

6. Sex

Female

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

- (a) State Idaho (b) County My Perce
(c) City Peck
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address (For registration notice):
Peck, Idaho

(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

Peck, Idaho

5. DATE OF BIRTH

(Month, day, year) Sept. 23, 1910

8. No. months of Pregnancy

9

9. Legitimate?

Yes

FATHER OF CHILD

10. FULL NAME

Rollie C. Kirby

11. Color or Race

White

12. Age at time of THIS birth

33 yrs.

13. Birthplace

Empire City Kansas.
(City or Town) (State or foreign country)

14. Exact Occupation

Furniture Dealer

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Edith Ara Edgar

17. Color or Race

White

18. Age at time of THIS birth

28 yrs.

19. Birthplace

Concordia Kansas.
(City or Town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child

1 (b) Born alive and now living 1

(c) Born alive and now dead 0

(d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was

born alive at 6: AM. M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by

Edith Kirby, who is
(First name) (Last name)

related to this child as

mother
(Mother, etc.)

26. (a)

AUG 6 1942
(Date received)

Mary E. E. E.
(Registrar's signature)

25. Attendant's OWN signature

J. M. Lyle M.D.
(D.O., Midwife, etc.)

27. Given name added on

by

(Registrar's signature)

and address

Peck, Idaho Date 7-30-42

1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of

.....
.....

(b) Labor: Complications:

.....
..... Induced?

.....

(c) State all operations for delivery

.....
.....

(d) Did baby have any:

(1) Congenital Malformation?

Describe:

(2) Birth Injury?

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELETED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

689-219 007,249

353329

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) ~~Name of Hospital or Maternity Home~~
AT HOME.

(e) Mother's stay **BEFORE** delivery:
IN THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Bellevue, Idaho

4. FULL NAME OF CHILD Louise Helen White

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) Sept. 19-1910

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas U. White
11. Color or Race W. 12. Age at time of THIS birth 39 yrs.
13. Birthplace BELLEVUE Idaho
(City or town) (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillian O Burk
17. Color or Race W. 18. Age at time of THIS birth yrs.
19. Birthplace La Belle, Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature deceased M.D. Midwife Address Date

State of Oregon County of Multnomah ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 32 years, and that Lillian O. White (First name) (Last name), who attended this birth. (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas U. White Signature
250 S.W. Radcliffe road, Portland, Ore. P. O. Address

Subscribed and sworn to before me this 31 day of July, 1942

(SEAL) John W. Stanley Notary Public, residing at Portland, Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Oregon Exp. 29, 1944

Received for filing on AUG 6 1942 by Mary H. E. E. E. Registrar.

AUG 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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795 218027-465

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **353337**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No. No. 2
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Jerome (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No. 2

(e) How long has MOTHER lived in Idaho? 10 months yrs.
3. RESIDENCE OF FATHER (city, state) Jerome, Idaho

4. FULL NAME OF CHILD

Ardis Eileen Gregg

5. Date of Birth of Child

(Month, day, year) February 18, 1910

6. Sex female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Maynard Gregg

11. Color white 12. Age at time
or Race of THIS birth 28 yrs.

13. Birthplace Bluffton Indiana
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva H. Montgomery

17. Color white 18. Age at time
or Race of THIS birth 28 yrs.

19. Birthplace Allendale Ontario
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argoral

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho
County of Jerome } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
in Item 4, above, that I am now 60 years of age, that I have known this person for years, and that
(Mother, etc.)

Dr. E. D. Piper who attended this birth Now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Mrs. E. M. Gregg Signature

Jerome, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of August 1942

(SEAL)

William E. Amstutz Probate Judge of Jerome County, Idaho

Notary Public, residing at Jerome, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG-7 1942

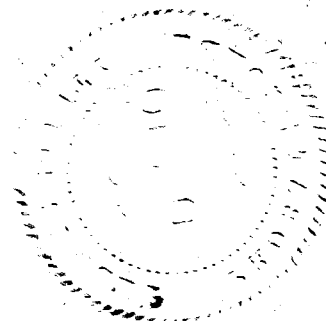
by Mary H. H. H. Registrar.

AUG 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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813-109032-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **353368**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **Lincoln** (b) City **Shoshone**
(c) Street Address or R.F.D. No. **not known**
(d) Name of Hospital or Maternity Home:
not known
(e) Mother's stay BEFORE delivery:
IN THIS county **1** years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **Idaho** (b) County **Lincoln**
(c) City **Shoshone**
(d) Street Address or R.F.D. No. **not known**
(e) How long has MOTHER lived in Idaho? **1** yrs.
3. **RESIDENCE OF FATHER** (city, state) **Shoshone Idaho**

4. **FULL NAME OF CHILD** **Howard Jesse Hales**

5. Date of Birth of Child
(Month, day, year) **Oct. 9 1910**

6. Sex **male** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD
10. **FULL NAME** **Samuel Jesse Hales**
11. Color **white** 12. Age at time of THIS birth **31** yrs.
13. Birthplace **Honeygrove, Missouri**
(City or town) (State or foreign country)
14. Exact Occupation **road construction contractor**
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** **Truie Fern Harness**
17. Color **White** 18. Age at time of THIS birth **27** yrs.
19. Birthplace **Kappa, Indiana**
(City or town) (State or foreign country)
20. Exact Occupation **housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child **3** (b) Born alive and now living **3**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of **Oklahoma** County of **Oklahoma** ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Uncle** of the person whose name appears in Item 4, above, that I am now **60** years of age, that I have known this person for **31** years, and that....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937-Session Laws.

W. Sherman Signature
26 E. Main St., Okla. City, Okla. P. O. Address

Subscribed and sworn to before me this **9th** day of **July**, 19**42**.
(SEAL) **Alvin B. Burch** Notary Public, residing at **Okla. City, Okla.**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

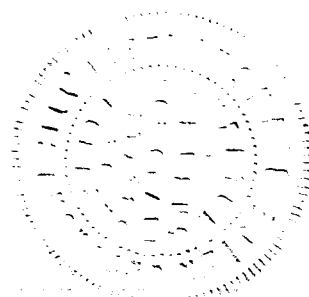
Received for filing on **AUG 10 1942** by **Alvin B. Burch** Registrar.

AUG 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelopes bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

243-216 042243

353374

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of the birth)

(a) County Linn Falls (b) City Linn Falls
(c) Street Address or R.F.D. No. 2, Linn Falls Idaho
(d) Name of Hospital or Maternity Home: Boyd Hospital

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Linn Falls
(c) City Filer

(e) Mother's stay BEFORE delivery:

IN THIS county years 3 months 16 days

(d) Street Address or R.F.D. No. 2

(e) How long has MOTHER lived in Idaho? 3 months

3. RESIDENCE OF FATHER (city, state) 3 months

4. FULL NAME OF CHILD

Miriam Sara Buck

5. Date of Birth of Child

(Month, day, year) Dec. 16, 1910

6. Sex Girl

7. Twin or Triplet Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Joseph Peter Buck

11. Color or Race

White

12. Age at time of THIS birth

47 yrs.

13. Birthplace

Cambria, Minn.

(City or town) (State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

"

MOTHER OF CHILD

16. FULL MAIDEN NAME

Helen Mabel Buck

17. Color or Race

White

18. Age at time of THIS birth

41 yrs.

19. Birthplace

L. Sauer

Minnesota

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

aq No 3 10/0

23. Number of children of this mother: (a) At time of birth and including this child

3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at 3 P. M. on the date

(Born name).....

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....

(Mother, etc.)

25. Attendant's OWN signature

John H. Anglin

M.D.

Married

Address

Linn Falls, Idaho

Date

Aug 7-1942

State of.....ss.
County of.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that

(First name)

(Last name)

....., who attended this birth.....

(Is now deceased) or (Cannot be located)

I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code (Annotated).)

Received for filing on.....by....., Registrar.

AUG 10 1942

AUG 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-114 025 944

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **353410**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Strangerville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home

(e) Mother's stay BEFORE delivery:

IN THIS county 10 years months days

4. FULL NAME OF CHILD

Virgil Robert Woodruff

6. Sex male

7. Twin or Triplet

If so, born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert Calvin Woodruff
11. Color white 12. Age at time of THIS birth 25 yrs.
13. Birthplace Ashtabula, Ohio, U.S.A.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Orena Gurneault
17. Color white 18. Age at time of THIS birth 31 yrs.
19. Birthplace Convent, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child first child (b) Born alive and now living living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Idaho
County of Nez Perce ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 31 years, and that George Stockton (Dr.) who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Nellie Burnham Signature

P.O. Box 210 Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of August, 1942

(SEAL)

And W. Woodruff

Notary Public, residing at Lewiston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 10 1942 by W. Woodruff Registrar.

078808
AUG 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

663 124 028 '234

353416

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Rootney (b) City Sand Point

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: Home

(e) Mother's stay BEFORE delivery:

IN THIS county 2 years months days

4. FULL NAME OF CHILD

Arthur Lee Wolfe6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME

Lewis Morton Wolfe

11. Color or Race

White12. Age at time of THIS birth 25 yrs.

13. Birthplace

Idaho
(City or town)Idaho
(State or foreign country)

14. Exact Occupation

Painter

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Rootney(c) City Sand Point

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 2 yrs.3. RESIDENCE OF FATHER (city, state) Sand Point

5. Date of Birth of Child

(Month, day, year) Jan. 24, 19108. No. months of Pregnancy 9 mo9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME

Clara Bell Studley

17. Color or Race

White18. Age at time of THIS birth 18 yrs.

19. Birthplace

Plainfield
(City or town)Wisc.
(State or foreign country)

20. Exact Occupation

house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 11:30 P.M. on the date (Born alive, stillborn)and at the place stated above, and that personal particulars were furnished by Clara Wolfe, who is related to this child as Mother (First name) (Last name)

25. Attendant's OWN signature

M.D.

Midwife Address

Date

State of Idaho }
County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 50 3/4 years, and that the doctor, James Wilson, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Clara Wolfe

Signature

P. O. Address

Subscribed and sworn to before me this 6 day of August, 1942

(SEAL)

James H. ArkeyNotary Public, residing at Yakima

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

Received for filing on AUG 10 1942by Mrs Clara Wolfe, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **353417**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Kootenai</u> (b) City <u>Newport</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>born at home</u> (e) Mother's stay <u>BEFORE</u> delivery: IN <u>THIS</u> county <u>12</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Kootenai</u> (c) City <u>Newport</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>12</u> yrs.	
4. FULL NAME OF CHILD <u>Charles Henry Meek Jr.</u>		3. RESIDENCE OF FATHER (city, town, etc.) <u>Newport, Idaho</u>	

6. Sex <u>male</u>	7. Twin or Triplet <u>no</u>	If so—born 1st, 2nd, 3rd	5. Date of Birth of Child (Month, day, year) <u>Oct. 13, 1910</u>	8. No. months of Pregnancy <u>normal</u>	9. Legitimate? <u>yes</u>
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FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Charles Henry Meek</u>	16. FULL MAIDEN NAME <u>Emma Buehler</u>	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>34</u> yrs.
11. Birthplace <u>Kansas City, Mo.</u> (City or town) (State or foreign country)	19. Birthplace <u>Salem, Michigan</u> (City or town) (State or foreign country)	20. Exact Occupation <u>housewife</u>	21. Industry or Business <u>housewife</u>
12. Age at time of THIS birth <u>47</u> yrs.			
13. Exact Occupation <u>farming</u>			
14. Industry or Business <u>Farming</u>			

22. Name prophylactic used to prevent Ophthalmia Neonatorum. none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
(First name) (Last name)
related to this child as
(Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____
Midwife

State of Washington }
County of Spokane } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 31 years, and that Mrs. Carder who attended this birth is deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Meek Signature
708 North Maple St. Spokane, Wash. P. O. Address
Subscribed and sworn to before me this 5th day of August, 1942
(SEAL) Charles Woodruff Notary Public, residing at Spokane, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

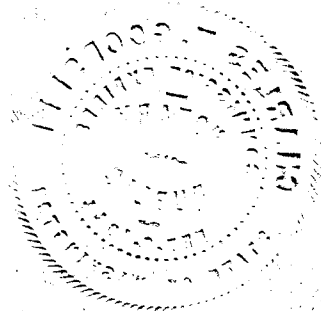
Received for filing on AUG 10 1942 by Mary E. Blum Registrar.

AUG 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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353463

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Corral
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Corral
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Corral Ida

4. **FULL NAME OF CHILD** Glenn Alvin Miller
5. Date of Birth of Child (Month, day, year) June 5 1910
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Frank Dee Miller</u>	16. FULL MAIDEN NAME <u>Millie Koontz</u>	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>29</u> yrs.
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>33</u> yrs.	19. Birthplace <u>Sac City, Iowa</u> (City or town) (State or foreign country)	20. Exact Occupation <u>Housewife</u>
13. Birthplace <u>Central City, Nebr</u> (City or town) (State or foreign country)	21. Industry or Business	22. Name prophylactic used to prevent Ophthalmia Neonatorum.....	23. Number of children of this mother: (a) At time of birth and including this child <u>6</u> (b) Born alive and now living <u>6</u>
14. Exact Occupation <u>Farmer</u>	24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date..... (Born alive, stillborn)	and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (Mother, etc.)	
15. Industry or Business	25. Attendant's OWN signature..... M.D. Midwife Address..... Date.....		

ATTENDANT'S CERTIFICATE

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Camas

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for since birth and that Mary E. Koontz, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Millie Miller Signature

Corral, Idaho P. O. Address

Subscribed and sworn to before me this 10 day of August, 1942

(SEAL)

Notary Public, residing at Fairfield, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 12 1942 by Marj Miller, Registrar.

AUG 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Rootenai
City of Rathdrum
No. 963 227 028-Idaho St. 942

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

353482

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.)

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Jean Georgia Roth

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth June 27, 1910 (Month, Day, Year)

9. Full name George Emmet Roth FATHER 18. Full maiden name Bessie J. Rushing MOTHER

10. Residence (usual place of abode) (If non-resident, give place and State) _____ 19. Residence (usual place of abode) (If non-resident, give place and State) _____

11. Color or race White 12. Age at last birthday 33 (years) 20. Color or race White 21. Age at last birthday 19 (years)

13. Birthplace (city or place) (State or Country) Sioga Illinois 22. Birthplace (city or place) (State or Country) Lead Hill Arkansas

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. woodman 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 13-420 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) First child (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks _____ 30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6 a. m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report George Roth (Date of) _____ Registrar.

(Signed) _____, M. D.
or _____, Midwife
Address _____
Filed AUG 12 1942 193 Mary E. Stephens Registrar.

DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Reynolds } ss. **AFFIDAVIT**
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)
being first duly sworn says that
he is the Father of John George Roth
(Relationship of child)*
born June 27, 1910 at Rathdrum, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139, 1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said John George Roth
as stated therein, and that this birth has not been previously recorded. hereto attached are true and correct

Affiant further states that Dr. Wertz M. D. was the
medical attendant at the birth of said John George Roth and that
the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant George RothP. O. Address Rathdrum, IdahoSubscribed and sworn to before me this 1st day of August, 1941

Notary Public.

Residing at North Fork, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

AUG 14 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

754-131-022-469

353546

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Tremont</u> (b) City <u>Salem</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Own Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>10</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Tremont</u> (c) City <u>Salem</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>10</u> yrs.	
4. FULL NAME OF CHILD <u>Anton John Jacob Noren Pedersen</u> 7. Twin or Triplet <u> </u> If so—born 1st, 2nd, 3rd <u> </u>		5. Date of Birth of Child (Month, day, year) <u>Jan 31, 1910</u> 6. Sex <u>male</u> 8. No. months of Pregnancy <u> </u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Anton Pedersen</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u> </u> yrs. 13. Birthplace <u>Houer sogn Denmark</u> (City or town) (State or foreign country) 14. Exact Occupation <u>School teacher</u> 15. Industry or Business <u> </u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Alvilde Josephine Noren</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>30</u> yrs. 19. Birthplace <u>Oslø Norway</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u> </u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 32 years, and that Dr. Skoupe who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 10th day of August 1942
(SEAL) Jewell H. Chaney Notary Public, residing at Idaho Falls, Id.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on AUG 12 1942 by Mabel J. G. G. G. Registrar.

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

514-227 016-259

353563

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Almo
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
IN THIS county 29 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia
(c) City Almo
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 6 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Almo Idaho

5. Date of Birth of Child
(Month, day, year) May 27 - 1910

4. FULL NAME OF CHILD

Lela Naomi Eames

6. Sex Female 7. Twin or Triplet Yes If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9-mo 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Thomas Eames
11. Color white 12. Age at time of THIS birth 55 yrs.
13. Birthplace Easton Utah Davis Co.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Ann Knight
17. Color white 18. Age at time of THIS birth 46 yrs.
19. Birthplace Plain City Utah-Weber Co.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 32 years, and that Annie Green is now deceased, who attended this birth. I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia Ann Eames Signature
P. O. Address

Subscribed and sworn to before me this 17 day of July, 1942.
(SEAL) Henry Thompson Notary Public, residing at Malta, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 14 1942 by Mabel Trellers Registrar.

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

135-126-042-653

353600

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 362 6th Ave. N
(d) Name of Hospital or Maternity Home:
Born at the above street address
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 362 6th Ave. N.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
3. **RESIDENCE OF FATHER** (city, state) Twin Falls, Ida

4. **FULL NAME OF CHILD** Norman Brumley Alvord
5. Date of Birth of Child 3/26/10
(Month, day, year)
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** David Diocletian Alvord
11. Color white 12. Age at time of THIS birth 37 yrs.
13. Birthplace Boise, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Credit Manager
15. Industry or Business Idaho Dept. Store, Twin Falls, Ida.

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Statira Margaret Wells
17. Color white 18. Age at time of THIS birth 31 yrs.
19. Birthplace Cheney, Washington
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 32 years, and that Dr. T. O. Boyd is now deceased who attended this birth. I further state that (Is now deceased) or (Cannot be located)
(First name) (Last name)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Statira M. Alvord Signature
136 - 6th Ave. East, Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of August, 19 42
(SEAL) Chas. C. Taylor Notary Public, residing at Twin Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on AUG 14 1942 by Mary E. Fisher, Registrar.

SEP 20 1967

AUG 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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485-10 7,007-766

353609

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blain (b) City Soldier
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 17 years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blain
(c) City Soldier
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Soldier, Ida.

4. **FULL NAME OF CHILD** ALBERT WAYNE MYERS

5. Date of Birth of Child
(Month, day, year) Aug. 7, 1910

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 1st 8. No. months of Pregnancy 7 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Fredrick Myers

11. Color White 12. Age at time of THIS birth 27 yrs.

13. Birthplace Joplin, Missouri
(City or town) (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cecelia Emeline Goff

17. Color White 18. Age at time of THIS birth 17 yrs.

19. Birthplace Chadron, Nebraska
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum: _____

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 4 P. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Cecelia Myers Davis, who is related to this child as mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Carrie Lanner Midwife Address Oroville, Calif. Date Aug. 12, 1942

State of California
County of Butte } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 32 years, and that (First name) (Last name), who attended this birth. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 12th day of August, 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 14 1942 by Mary E. Peppers, Registrar.

NOV 17 1975

AUG 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

353687
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Sida Springs
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Own Home
(e) Mother's stay BEFORE delivery:
IN THIS county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Caribou
(c) City Soda Springs
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Soda Sp'gs, Ida

4. FULL NAME OF CHILD

Edwin Carl Mikesell

5. Date of Birth of Child

(Month, day, year) Dec. 2, 1910

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John P. Mikesell

11. Color White 12. Age at time
or Race of THIS birth 29 yrs.
13. Birthplace Albion, Utah
(City or town) (State or foreign country)

14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Iona Beus

17. Color White 18. Age at time
or Race of THIS birth 24 yrs.
19. Birthplace Junta, Utah
(City or town) (State or foreign country)

20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum N. trial of Silver

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 5:00 A.M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Iona Mikesell, who is
related to this child as Mother
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Ellis Kuerby M.D. Midwife Address Soda Springs, Ida Date Aug. 12, 1942
(1942)

State of..... ss.
County of.....

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears
in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that
....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

..... Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 14 1942 by Mabel S. S. S. S., Registrar.

FEB 7 1969

DEC 12 2003

AUG 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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695-222-216-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **353711**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Deer
(c) Street Address or R.F.D. No. non
(d) Name of Hospital or Maternity Home at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 16 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Deer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Margaret Winn
7. Twin or Triplet single If so—born 1st, 2nd, 3rd no
6. Sex female

5. Date of Birth of Child (Month, day, year) Sept. 22, 1910
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** George J Winn
11. Color or Race white 12. Age at time of THIS birth 34 yrs.
13. Birthplace Salt Lake City, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Lottie Bennett
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Kaysville, Utah
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Argorol.
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 10 A M M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Margarite Winn., who is (First name) (Last name)
related to this child as Aunt (Mother, etc.)

25. Attendant's OWN signature Deceased M.D. Midwife Address Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 31 years, and that Margarite Winn, who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lottie Bennett Winn Signature

Paul, Idaho. P. O. Address

Subscribed and sworn to before me this 14th day of August, 19 42

(SEAL) Chas. Wiley Notary Public, residing at Paul, Idaho.
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

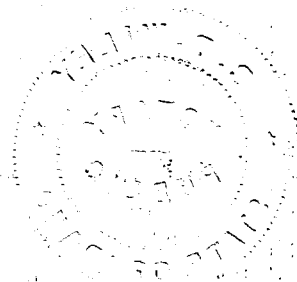
Received for filing on AUG 18 1942 by Mary J. Rogers, Registrar.

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AUG 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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295-108'001-799

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **353717**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Meridian</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>At home</u> (e) Mother's stay BEFORE delivery: <u>IN THIS</u> county <u>1</u> years <u>7</u> months <u>3</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Meridian</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>13</u> yrs.	
4. FULL NAME OF CHILD <u>Ralph K. Indall</u>		5. Date of Birth of Child <u>Idaho</u> (Month, day, year) <u>Nov-8-1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>no</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Washington Lofeigh Kindall</u>		16. FULL MAIDEN NAME <u>Mary Luzan Pirtle</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>45</u> yrs.		18. Age at time of THIS birth <u>41</u> yrs.	
13. Birthplace <u>Morganton</u> <u>Georgia</u> (City or town) (State or foreign country)		19. Birthplace <u>Harrison</u> <u>Ark.</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Livery stable owner</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business <u>Livery stable</u>		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>unknown</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>11</u> (b) Born alive and now living <u>9</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature **M.D.** **Date**

State of Ada Idaho }
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 31 years, and that Dr. Halbert Neal who attended this birth deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Washington Lofeigh Kindall (Signature)
Box # 28 P. O. Address

Subscribed and sworn to before me this 12th day of August, 1942.

(SEAL)

Notary Public, residing at Meridian.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-91 Idaho Code Annotated.)

Received for filing on AUG 13 1942 by Mary E. H. H. H. Registrar.

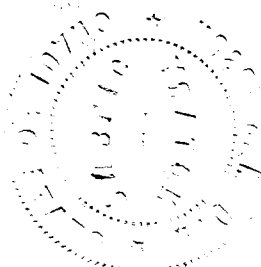
SEP 29 1972

AUG 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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394-124-006-259
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **17350758**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Amer. Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Amer Falls Ida

4. FULL NAME OF CHILD

Karl Lester Lidstrom

5. Date of Birth of Child

(Month, day, year) Apr. 24, 1910

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

John L. Lidstrom

11. Color white 12. Age at time of THIS birth 38 yrs.

13. Birthplace Elfsbyn Sweden
(City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business Farming for myself

MOTHER OF CHILD

16. FULL MAIDEN NAME

Ida L. Bergman

17. Color white 18. Age at time of THIS birth 34 yrs.

19. Birthplace Elfsbyn Sweden
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 6 A.M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by John Lidstrom, who is related to this child as Father (Mother, etc.)

25. Attendant's OWN signature

M.D. Address
Midwife

Date

State of Washington }
County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for lifetime years, and that Emma Bergstrom, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John L. Lidstrom Signature

P. O. Address

Subscribed and sworn to before me this 12th day of August, 19 42

(SEAL)

Notary Public, residing at Mabton, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1942 by Mabel E. Fisher, Registrar.

AUG 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **353762**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Freemont (b) City Lewisville
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
None - Born at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 0 years 2 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Freemont
(c) City Lewisville
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Fred Dierdem Fisher

5. Date of Birth of Child
(Month, day, year)

MAY 25, 1940

6. Sex

Male

7. Twin or Triplet

No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

yes

FATHER OF CHILD

10. FULL NAME

Ray Homer Fisher

11. Color or Race

White

12. Age at time of THIS birth

27 yrs.

13. Birthplace
(City or town)

Oxford

(State or foreign country)

Idaho

14. Exact Occupation

Physician & Surgeon

15. Industry or Business

Medicine

MOTHER OF CHILD

16. FULL MAIDEN NAME

Blanche Adah Dierdem

17. Color or Race

White

18. Age at time of THIS birth

24 yrs.

19. Birthplace
(City or town)

Louisville

(State or foreign country)

Colorado

20. Exact Occupation

Housewife

21. Industry or Business

Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

1% Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife Address

Date

State of California } ss.
County of Alameda

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that Dr. J. E. MELTON (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ray Fisher M.D. Signature
3588 Fruitvale Ave. P. O. Address
OAKLAND-CALIF.

Subscribed and sworn to before me this 13th day of August 1942

(SEAL)

Anna L. Regan Notary Public, residing at Oakland, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1942 by M. E. Fisher Registrar.

AUG 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-120-070-819

353769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Junction
(c) Street Address or R.F.D. No. -
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 25 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Junction
(d) Street Address or R.F.D. No. -
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
RESIDENCE OF FATHER (city, state) Junction, Id.

4. **FULL NAME OF CHILD** Harris Homer Goodwin
7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) Jan. 20, 1910

FATHER OF CHILD
10. **FULL NAME** Harry Goodwin
11. Color or Race White 12. Age at time of THIS birth 43 yrs.
13. Birthplace Cleveland, Ohio
(City or town) (State or foreign country)
14. Exact Occupation gold miner
15. Industry or Business mining

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Annie Harkey
17. Color or Race White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Senath, Missouri
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Riverside } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person since birth, and that Dr. Murphy who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie E. Osear Signature
859 N Allen St., Banning, Calif. P. O. Address

Subscribed and sworn to before me this 5th day of August, 19 42

(SEAL)

Gertrude de Forge

Notary Public, residing at Banning, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1942 by Mary E. Fisher, Registrar.

AUG 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

692-129-229-249

United States (Be sure the information is as of date of birth of THIS child) State File No. **353805**
Department of Commerce
Bureau of the Census **CERTIFICATE OF BIRTH**
STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Salah (b) City Pallatich
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Catch
(c) City Pallatich
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Pallatich Idaho

4. FULL NAME OF CHILD William Joseph Fisher 5. Date of Birth of Child (Month, day, year) Dec 29-1910
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME William Joseph Fisher 16. FULL MAIDEN NAME Flora S. Burk
11. Color white 12. Age at time of THIS birth 32 yrs. 17. Color white 18. Age at time of THIS birth 20 yrs.
13. Birthplace Hellshing Bern 19. Birthplace allison Wash.
(City or town) (State or foreign country) (City or town) (State or foreign country)
14. Exact Occupation Barber 20. Exact Occupation Housewife
15. Industry or Business 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child first (b) Born alive and now living year

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of Salah }

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4 above, that I am now 32 years of age, that I have known this person for 6 years, and that Dr J. S. LePard (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Flora Burk Fisher Signature
Box 6043 Spokane Wash. P. O. Address

Subscribed and sworn to before me this 14 day of aug, 1942
(SEAL) Witter Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) mail

Received for filing on AUG 17 1942 by Maud Fisher, Registrar.

OCT 19 1942

DEC 9 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **353839**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN THIS county six years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Midvale, Idaho

4. **FULL NAME OF CHILD** Goldie Minnie Deaton
5. Date of Birth of Child (Month, day, year) January 18, 1910
6. Sex female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Wallis Martin Deaton</u>	16. FULL MAIDEN NAME <u>Retta McRoberts</u>		
11. Color or Race <u>White</u>	17. Color or Race <u>White</u>	12. Age at time of THIS birth <u>40</u> yrs.	18. Age at time of THIS birth <u>34</u> yrs.
13. Birthplace <u>Iowa</u> (City or town) (State or foreign country)	19. Birthplace <u>Polk County, Iowa</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Farming</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business	21. Industry or Business		

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho }
County of Gem } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 32 years, and that Dr. Eugene (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Retta Deaton Signature

Route # 1, Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of August, 19 42

(SEAL) Margaret Inoke Notary Public, residing at Emmett, Idaho
(Note: Perjury is punishable by law and is a crime under the laws of Idaho Code Annotated.)

Received for filing on AUG 19 1942 by Mary E. Deaton Registrar.

SEP 1 1942

AUG 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

297-212-042-234

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **353873**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Twin Falls** (b) City **Buhl**
(c) Street Address or R.F.D. No. **R.F.D. #4**
(d) Name of Hospital or Maternity Home: **Home**
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county **4** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Twin Falls**
(c) City **Buhl**
(d) Street Address or R.F.D. No. **R.F.D. #4**
(e) How long has **MOTHER** lived in Idaho? **4** yrs.

3. RESIDENCE OF FATHER (city, state) **Buhl, Idaho**

4. FULL NAME OF CHILD

Louise Sylvia Sipkens

6. Sex **Female**

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) **July 12, 1910**

8. No. months of Pregnancy **9**

9. Legitimate? **Yes**

FATHER OF CHILD

10. FULL NAME

John Sipkens

11. Color or Race

White

12. Age at time of THIS birth **41** yrs.

13. Birthplace

Leeuwarden

Holland

(City or town)

(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME

Alieda Stuurman

17. Color or Race

White

18. Age at time of THIS birth **37** yrs.

19. Birthplace

Balk

Holland

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. **None**

23. Number of children of this mother: (a) At time of birth and including this child **7** (b) Born alive and now living **7**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of **California**
County of **Los Angeles** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4, above, that I am now **69** years of age, that I have known this person for **32** years, and that **No M.D. or Midwife** who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Alieda Sipkens Signature
1502 E. Garfield, Glendale, Calif. O. Address

Subscribed and sworn to before me this **18th** day of **August**, 19 **42**

(SEAL)

Wm. B. McCollough

Notary Public, residing at **Glendale, Calif.**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My Commission Expires April 8, 1943)

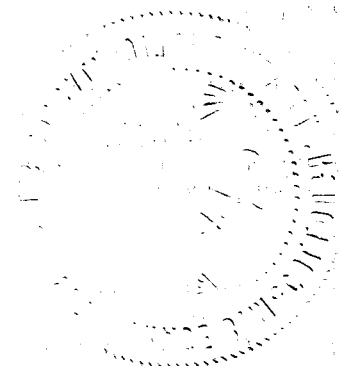
Received for filing on **AUG 20 1942** by *[Signature]* Registrar.

AUG 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

38/-224-028-113

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **353894**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Kootenai</u> (b) City <u>Post Falls</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>✓</u> years <u>4</u> months <u>4</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Post Falls</u> (d) Street Address or R.F.D. No. <u>✓</u> (e) How long has MOTHER lived in Idaho? <u>4 months</u>	
4. FULL NAME OF CHILD <u>Ruth May Thacker</u> 7. Twin or Triplet <u>✓</u> If so—born 1st, 2nd, 3rd <u>1st</u>		5. Date of Birth of Child <u>March 24, 1910</u> (Month, day, year)	
6. Sex <u>Female</u>		8. No. months of Pregnancy <u>9</u>	
FATHER OF CHILD 10. FULL NAME <u>Erasmus E. Thacker</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>39</u> yrs. 13. Birthplace <u>Idaho</u> (City or town) <u>Idaho</u> (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farmer</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Ruth May Jacob</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>28</u> yrs. 19. Birthplace <u>Corpus City, Kans.</u> (City or town) <u>Kans.</u> (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Housewife</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum:

23. Number of children of this mother: (a) At time of birth and including this child 6th (b) Born alive and now living all

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (Mother, etc.)

25. Attendant's **OWN signature** M.D. Midwife Address Date

State of Washington
County of Spokane ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4 above, that I am now 33 years of age, that I have known this person for 32 years, and that Doctor whose name I cannot remember who attended this birth. now deceased 15 yrs I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Erasmus E. Thacker Signature

420 S. Helena Spokane Wash P. O. Address

Subscribed and sworn to before me this 10th day of Aug 1942

(SEAL) Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho, see Sec. 11-914, Idaho Code Annotated.)

Received for filing on AUG 20 1942 by Maud E. E. E. E. Registrar.

NOV 1 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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364 122044-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

354936

State, File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? _____ yrs.

3. RESIDENCE OF FATHER (city, state) Cambridge

4. FULL NAME OF CHILD

Ellis Ralph Courtright

5. Date of Birth of Child
(Month, day, year) Mar. 22, 1910

6. Sex male 7. Twin or yes If so—born
Triplet 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Major Courtright
11. Color white 12. Age at time dont
or Race white of THIS birth knows.
13. Birthplace Idaho
(City or town) (State or foreign country)
14. Exact Occupation Saw Mill Employee
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Wilburn
17. Color white 18. Age at time dont
or Race white of THIS birth know yrs.
19. Birthplace Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 6th (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is
related to this child as _____ (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife

Address

Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign

I, the undersigned, being first duly sworn, say that I am the Relative by marriage of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 32 years, and that Dr. Smith, who attended this birth deceased, I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle Daugherty Signature
Box 302, Caldwell, Idaho. P. O. Address

Subscribed and sworn to before me this 20th day of August, 19 42

(SEAL)

Emma C. Thompson Notary Public, residing at Caldwell, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 21 1942 by Mary E. L. L., Registrar.

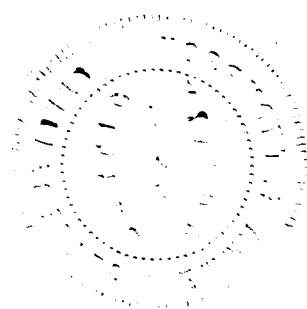
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AUG 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

396-117020-155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **354949**

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Elmore (b) City King Hill
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home at home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City King Hill
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
3. **RESIDENCE OF FATHER** (city, state) King Hill

4. **FULL NAME OF CHILD** Owen Herbert Crockett
7. Twin or Triplet no. If so—born 1st, 2nd, 3rd
6. Sex male
5. Date of Birth of Child (Month, day, year) Sept. 17 1940
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Alvin David Crockett
11. Color white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Logan Utah
(City or town) (State or foreign country)
14. Exact Occupation Signal Maintainer
15. Industry or Business O.S.L. Railroad
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Emma Jensen
17. Color white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Weston Idaho
(City or town) (State or foreign country)
20. Exact Occupation Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife

State of Idaho
County of Elmore } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for _____ years, and that Dr. John Wesley Davis, who attended this birth deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Crockett Signature
Glenys King, Ida P. O. Address

Subscribed and sworn to before me this 20th day of August, 1942

(SEAL) Geo. F. Robertson Notary Public, residing at Glenys King
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Idaho

Received for filing on AUG 21 1942 by M. J. Egan, Registrar.

AUG 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

45-102 016-892

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **354977**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County CASSIA (b) City ALBION
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 6 years months days

4. FULL NAME OF CHILD Roseland Merion Davis

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME John Orson Davis
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Geddes City Utah
(City or town) (State or foreign country)
14. Exact Occupation Electrician
15. Industry or Business Industry

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County CASSIA
(c) City ALBION
(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) ALBION Idaho

5. Date of Birth of Child
(Month, day, year) Jan. 2, 1910

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Molly Bradbury Hibbert
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Lanhamshire Eng.
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Utah } ss.
County of Salt Lake

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 31 years, and that Rose Hymas, who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

355 Henry St. John Orson Davis Signature
Salt Lake City P. O. Address

Subscribed and sworn to before me this 21 day of August, 1945

(SEAL)

Wm. H. Hymas Notary Public, residing at Salt Lake City
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

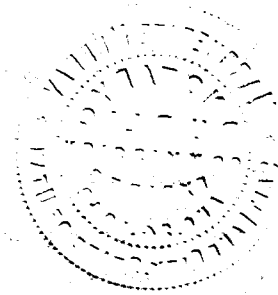
Received for filing on Aug 21 1945 by Mary E. Hymas, Registrar.

AUG 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

318-119 036816

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

355016

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ormside (b) City Dayton
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 20 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ormside
(c) City Dayton
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Walter Thomas Taylor
5. Date of Birth of Child
(Month, day, year) July 19, 1910

6. Sex male 7. Twin or Triplet If so born
1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Thomas Taylor
11. Color white 12. Age at time of THIS birth.....yrs.
13. Birthplace Dayton, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Belle Hawkeswood
17. Color white 18. Age at time of THIS birth 20 yrs.
19. Birthplace Fairview, Idaho
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature [Signature] M.D. Address Date

State of Idaho } ss.
County of Butte }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that He is now deceased, who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1927 Session Laws.

Hannah Belle Taylor Signature
Justin Taylor P. O. Address
Subscribed and sworn to before me this 18th day of Aug, 1942
(SEAL) Notary Public, residing at Fairview, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires 7-24-1946

Received for filing on AUG 24 1942 by Mary Keeler, Registrar.

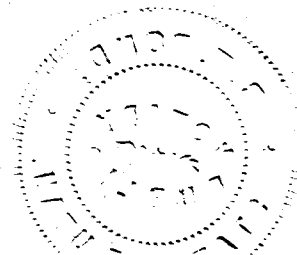
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AUG 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/5 130 029 515

355066

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>near Moscow</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>23</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>near Moscow</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>23</u> yrs.	
3. RESIDENCE OF FATHER (city, state) <u>Moscow, Ida</u>		5. Date of Birth of Child (Month, day, year) <u>1-30-1910</u>	

4. FULL NAME OF CHILD <u>Harold Russell Davis</u>		6. Sex <u>Male</u>		7. Twin or Triplet		8. No. months of Pregnancy <u>9</u>		9. Legitimate? <u>yes</u>	
				If so—born 1st, 2nd, 3rd					

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Benjamin Franklin Davis</u>	16. FULL MAIDEN NAME <u>Maude Imo Vansickle</u>	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>23</u> yrs.
11. Birthplace <u>Kansas</u> (City or town) (State or foreign country)	19. Birthplace <u>Moscow Idaho</u> (City or town) (State or foreign country)	20. Exact Occupation <u>Sawmill Laborer</u>	21. Exact Occupation <u>housewife</u>
12. Age at time of THIS birth <u>27</u> yrs.			

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Washington **M.D.** Pend Oreille **Address**..... **Date**.....

State of Washington **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Pend Oreille } ss.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that Dr. D. Clark is now deceased who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harold Russell Davis Signature
Tone, Washington P. O. Address
Subscribed and sworn to before me this 22d day of August, 1942
(SEAL) Notary Public, residing at Tone
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1942 by Maude Imo Vansickle, Registrar.

AUG 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

251 711 016-795

355075

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Delivery at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 27 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Emery Carlos Sears

5. Date of Birth of Child
(Month, day, year) May, 11, 1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Willis M. Sears
11. Color white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Albion, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Stock raising

MOTHER OF CHILD

16. FULL MAIDEN NAME Lewella Pierce
17. Color White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Clear Creek, Idaho
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Idaho }
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that Richard T. Story, who attended this birth deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lewella Sears (Pierce) Signature
Albion, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of August, 1942

(SEAL) [Signature] Notary Public, residing at Albion, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1942 by [Signature] Registrar.

AUG 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

359-205001-315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **355079**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>813 Brumback</u> (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years <u>1</u> months <u> </u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>813 Brumback</u> (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
3. RESIDENCE OF FATHER (city, state) <u>Boise, Idaho</u>		5. Date of Birth of Child (Month, day, year) <u>Nov. 5, 1910</u>	

4. FULL NAME OF CHILD <u>Dorothy Evelyn Leininger</u>	7. Twin or Triplet <u> </u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
6. Sex <u>Female</u>	IF so—born 1st, 2nd, 3rd <u> </u>		

FATHER OF CHILD

10. FULL NAME <u>Samuel B. Leininger</u>	12. Age at time of THIS birth <u>26</u> yrs.
11. Color or Race <u>White</u>	13. Birthplace <u>Laurel City, Nebraska</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Store Manager</u>	15. Industry or Business <u>The Fair Store</u>

MOTHER OF CHILD

16. FULL MAIDEN NAME <u>Addie Mae Lant</u>	18. Age at time of THIS birth <u>26</u> yrs.
17. Color or Race <u>White</u>	19. Birthplace <u>Gladstone, Illinois</u> (City or town) (State or foreign country)
20. Exact Occupation <u>Housewife</u>	21. Industry or Business <u> </u>

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 31 years, and that Mr. Allen, who attended this birth deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Addie M. Leininger Signature
Meridian Idaho P. O. Address

Subscribed and sworn to before me this 24 day of August, 1942

(SEAL) [Signature] Notary Public, residing at Meridian
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 25 1942 by Marj E. Peters, Registrar.

AUG 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

431 733022-689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

355081
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Chester
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Chester
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 32 yrs.

3. **RESIDENCE OF FATHER** (city, state) Melba Ida.

4. **FULL NAME OF CHILD** DeLoy Parley McArthur

5. Date of Birth of Child
(Month, day, year) June 3 1910

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Ray McArthur

11. Color white 12. Age at time of THIS birth 30 yrs.
or Race..... of THIS birth..... yrs.

13. Birthplace Mount Pleasant Utah
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza May White

17. Color white 18. Age at time of THIS birth 26 yrs.
or Race..... of THIS birth..... yrs.

19. Birthplace Chester Idaho
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of California ss.
County of Los Angeles

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 32 years, and that Jeannette Brown, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ray C. McArthur Signature
6351 Gentry St., Huntington Park, Calif P. O. Address

Subscribed and sworn to before me this 22nd day of August, 1942.
(SEAL) J. E. Morrison Notary Public, residing at Huntington Park
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) California.

Received for filing on AUG 25 1942 by M. J. Fisher Registrar.

MAY 7 1975

AUG 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

459 103035-335

355095

355095

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355095
Local Reg. No. 1
Reg. Dist. No. 1

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Nez Perce</u> (b) City <u>Lewiston</u> (c) Street Address or R.F.D. No. <u> </u> (d) Name of Hospital or Maternity Home: <u>St. Joseph Hospital</u> (e) Mother's stay BEFORE delivery: <u> </u> IN THIS county years months <u>2</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Wash</u> (b) County <u>Asotin</u> (c) City <u>Asotin</u> (d) Street Address or R.F.D. No. <u> </u> (e) How long has MOTHER lived in Idaho? <u>None</u> yrs.
3. RESIDENCE OF FATHER (city, state) <u>Same</u>		

4. FULL NAME OF CHILD <u>William Clemans Merchant</u> 6. Sex <u>Male</u> 7. Twin or Triplet <u> </u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	5. Date of Birth of Child (Month, day, year) <u>June 3 1910</u>
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FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Henry Robert Merchant</u>	16. FULL MAIDEN NAME <u>Lillian Clemans</u>	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>35</u> yrs.
11. Birthplace <u>Marinette Wisconsin</u> (City or town) (State or foreign country)	19. Birthplace <u>Blanca Arkansas</u> (City or town) (State or foreign country)	20. Exact Occupation <u>Mortician</u>	21. Industry or Business <u>Housewife</u>
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u> </u>	23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>		

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by , who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Washington }
County of Asotin } SS.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 32 years, and that John B. Morris, who attended this birth, Deceased I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Robert Merchant Signature
Clarkston, Washington P. O. Address

Subscribed and sworn to before me this 27 day of August, 1942.
(SEAL) Notary Public, residing at Clarkston, Wn
(Note: Perjury is punishable as a felony in Idaho; see Sec. 11-914, Idaho Code Annotated.)

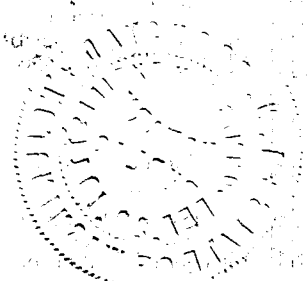
Received for filing on AUG 28 1942 by Malvin Elder, Registrar.

AUG 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

666-105001 8/5

355118

355118

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355118
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay BEFORE delivery:
IN THIS county years One months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Boise
(c) City Horse shoe Bend
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.

4. FULL NAME OF CHILD

John Lewis Woods

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) Horse shoe Bend Idaho

5. Date of Birth of Child (Month, day, year) Sept 5 1910

8. No. months of Pregnancy nine 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Roan Sheridan Woods
11. Color or Race white 12. Age at time of THIS birth 38 yrs.
13. Birthplace Arkansas
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Lorrain Hanson
17. Color or Race white 18. Age at time of THIS birth 30 yrs.
19. Birthplace Idaho
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Crisolol
23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature John Woods M.D. Address Boise Idaho Date 9-3-42

State of _____ County of _____ } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth _____ I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19 _____

(SEAL)

Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 8 1942 by Mabel E. Eder, Registrar.

MAR 23 1970

SEP 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

851-105 014 133

355133

355133

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county years 4 months days

4. FULL NAME OF CHILD Lyndon Herschel Heap

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Levi Heap
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace St Charles Idaho
(City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Emmett Idaho

5. Date of Birth of Child
(Month, day, year) Sept 5 1910

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliza R Allen
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Richmond Utah
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ny nrg.

23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 12 M. on the date Sept 4 1942 and at the place stated above, and that personal particulars were furnished by Eliza R Allen, who is related to this child as mother (Mother, etc.)

25. Attendant's OWN signature Barton O Clark M.D. Eliza R Allen Address Boise Ida Date 9-4-42

State of Idaho County of Ada } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 23 years, and that Barton O Clark (First name) (Last name), who attended this birth living (Is now deceased or cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza R Hargis Signature
317-10 ave so name P. O. Address

Subscribed and sworn to before me this 5 day of Sept 19 42

(SEAL) [Signature] Notary Public, residing at Boise 5th
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

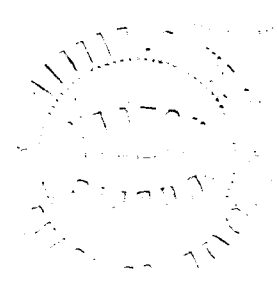
Received for filing on SEP 5 1942 by Mary E Elder, Registrar.

1038
SEP 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

434 209022-236

355147

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Menan
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Menan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
3. **RESIDENCE OF FATHER** (city, state) Menan, Idaho

4. **FULL NAME OF CHILD** Leon Mabel McMurtrey
7. Twin or If so—born
8. Sex Female Triplet 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) July 9, 1910

FATHER OF CHILD
10. **FULL NAME** Clarence Marion McMurtrey
11. Color white 12. Age at time of THIS birth 17 yrs.
13. Birthplace Joetown, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mabel Sophia Scott
17. Color white 18. Age at time of THIS birth 19 yrs.
19. Birthplace Menan, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature..... M.D. Midwife Address Date
State of Idaho County of Jefferson } ss.
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for from years, and that Elizabeth Rose who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel McMurtrey Signature
Highy, Route #2, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of August, 19 42.
(SEAL) Storer M. Larsen Notary Public, residing at Menan, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 26 1942 by Mabel McMurtrey Registrar.

141886
AUG 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

867123 029 893
United States (Be sure the information is as of date of birth of THIS child) State File No. **355161**
Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census **STATE OF IDAHO** Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah Ida</u> (b) City <u>Palouse Wn</u> (c) Street Address or R.F.D. No. <u>3</u> (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Palouse Wn</u> (d) Street Address or R.F.D. No. <u>3</u> (e) How long has MOTHER lived in Idaho? <u>25</u> yrs.	
4. FULL NAME OF CHILD <u>Marvin Howard Hopkins</u>		5. Date of Birth of Child (Month, day, year) <u>April 23-1910</u>	
6. Sex <u>Male</u> 7. Twin or Triplet <u>If so—born 1st, 2nd, 3rd</u>		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>9</u>	
FATHER OF CHILD 10. FULL NAME <u>Lyle Hopkins</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>31</u> yrs. 13. Birthplace <u>Palouse Wn</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Edith Winefred Hotes</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>28</u> yrs. 19. Birthplace <u>Iowa</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House Keeper</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature Deceased **M.D. Midwife Address Date** Deceased

State of Washington } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Clark

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 32 years, and that Dr. Geo T Boyd (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lyle Hopkins (Signature) Lyle Hopkins (Signature)
VANCOUVER Wn P. O. Address

Subscribed and sworn to before me this Aug day of 1942
(SEAL) Theresa Notary Public, residing at Vancouver
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

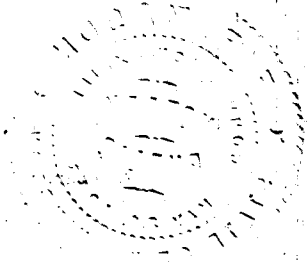
Received for filing on AUG 26 1942 by Mary E. Johnson Registrar.

AUG 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



439-127001-449

355186

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH:

(a) County ADA (b) City Boise
 (c) Street Address or R.F.D. No. Grove St
 (d) Name of Hospital or Maternity Home: Home
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home _____ days.
 In THIS county 3 years 3 month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State IDAHO (b) County ADA
 (c) City Boise
 (d) Street Address or R.F.D. No. _____
 (e) How long has MOTHER lived in Idaho? 19 yrs.
 (f) Mother's mailing address Grove Street, Boise

3. RESIDENCE of FATHER (city, state): Boise, Idaho

4. FULL NAME OF CHILD

GERALD VANCE McINTIRE

5. Date of Birth

(Month, day, year) Oct 27-1910

6. Sex

Male

7. Twin or Triplet

If so - born
1st, 2nd, 3rd

8. No. months of Pregnancy

99. Legitimate? X

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME

HARVEY JAMES McINTIRE

16. FULL MAIDEN NAME

ALICE MARY MURPHY

11. Color or Race

White

12. Age at time of THIS birth

20 yrs.

17. Color or Race

White

18. Age at time of THIS birth

19 yrs.

13. Birthplace

LehighIOWA

14. Exact Occupation

Miner

19. Birthplace

ArrianIDAHO

20. Exact Occupation

House Wife

15. Industry or Business

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 4(c) Born alive and now dead no (d) Stillborn no24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at _____ M. on the date

(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is

related to this child as _____ (First name) (Last name)

26. (a) AUG 17 1942

(Date received)

(b) Mary McIntire

(Registrar's signature)

25. Attendant's

OWN signature Fred. A. Pittinger M.D.

27. Given name added on _____ by _____

(Registrar's signature)

and address Boise, Idaho (B.G., Midwife, etc.)State of CALIFCounty of SAN ANGELES ss.

AFFIDAVIT To be completed when the attendant at birth is

NOT LIVING or CANNOT BE LOCATED

I, HARVEY JAMES McINTIRE being first duly sworn, say that I am FATHER ofGERALD VANCE McINTIRE (Related to (or) acquainted with) whose birth certificate

(Name of person on certificate above) (State relationship or acquaintance)

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts

contained therein are true to the best of my knowledge. I further state that DR. PITTINGER, who att

(Name of attendant at birth)

said birth DO NOT KNOW and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Harvey James McIntire Sign1116 W. Harvey Ave. El Monte Calif. P.O. AddressSubscribed and sworn to before me on this 13th day of March, 1941

(SEAL)

Veria D. Pittinger Notary Public, residing at El Monte Calif.My Commission Expires Apr. 28 1941

Use only black ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificates in envelope to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certificate requires an advance payment of fifty cents, money order or coin.

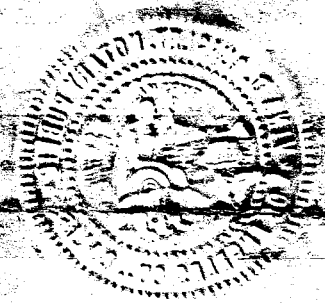
AUG 28 1942

JUN 3 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 30, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



445-223016-212

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **355189**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **CASSIA** (b) City **BURLEY**
(c) Street Address or R.F.D. No. **none**
(d) Name of Hospital or Maternity Home: **none**
(e) Mother's stay **BEFORE** delivery:
IN THIS county **3** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **IDAHO** (b) County **CASSIA**
(c) City **BURLEY**
(d) Street Address or R.F.D. No. **none**
(e) How long has **MOTHER** lived in Idaho? **3** yrs.

3. RESIDENCE OF FATHER (city, state) **IDAHO**

4. FULL NAME OF CHILD

NANCYBELLE HUNT

5. Date of Birth of Child

(Month, day, year) **DEC. 23, 1910**

6. Sex **FEMALE**

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? **YES**

FATHER OF CHILD

10. FULL NAME **ANDREW JACKSON HUNT, JR.**

11. Color or Race **White** 12. Age at time of THIS birth **40** yrs.

13. Birthplace **UTAH**
(City or town) (State or foreign country)

14. Exact Occupation **FARMER**

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME **LAURA TRESSA BAKER**

17. Color or Race **White** 18. Age at time of THIS birth **31** yrs.

19. Birthplace **UTAH**
(City or town) (State or foreign country)

20. Exact Occupation **HOUSEWIFE**

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **6** (b) Born alive and now living **6**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife Address

Date

State of **CALIFORNIA**

County of **LOS ANGELES** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **MOTHER** of the person whose name appears in Item 4, above, that I am now **63** years of age, that I have known this person for **31** years, and that

MRS. HYATT (MIDWIFE)
(First name) (Last name)

, who attended this birth **deceased** I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Tressa Baker Hunt Signature

1254 Pine Avenue, Long Beach, California Address

My Commission Expires December 31, 1945

Subscribed and sworn to before me this **25th** day of **AUGUST**, 19 **42**.

(SEAL)

Hazel Beck

Notary Public, residing at **LONG BEACH, CAL.**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **AUG 26 1942** by *Mabel J. E. E. E.* Registrar.

AUG 28 1942

APR 14 2015

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

84-227-114-993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

355201

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
IN THIS county _____ years _____ months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 3 yrs.
3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Cystal Lone Youtaler
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

5. Date of Birth of Child (Month, day, year) Oct 27-1910

FATHER OF CHILD
10. FULL NAME Bismark Youtaler
11. Color White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Osborne, Kansas
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Cystal J. Ricketts
17. Color White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Rock Island, Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ M. on the date _____ (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Cystal Youtaler, who is related to this child as _____ (First name) (Last name)
(Mother, etc.)
25. Attendant's OWN signature Ron Cummings M.D. _____ Midwife _____ Address Emmett Date 8-27-42

State of California
County of Contra Costa } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 31 years, and that Dr. Cummings who attended this birth cannot be located . I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nenia C. McDonald Signature
1434 Castro St., Martinez, Calif. P.O. Address

Subscribed and sworn to before me this 10th day of August , 19 42
(SEAL) Nenia M. Keefe Notary Public, residing at Martinez, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 15 1942 by [Signature] Registrar.

JAN 8 1975

AUG 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

717-203-015-542

355228

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Caribou</u> (b) City <u>Freedom</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years <u>17</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Caribou</u> (c) City <u>Freedom</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>17</u> yrs.	
4. FULL NAME OF CHILD <u>Pearl Bernice Gage</u>		3. RESIDENCE OF FATHER (city, state) <u>Idaho</u>	

6. Sex <u>Female</u> 7. Twin or Triplet <u>No</u> 8. No. months of Pregnancy <u>9</u>		5. Date of Birth of Child (Month, day, year) <u>Oct. 3, 1910</u>	
9. Legitimate? <u>Yes</u>			

FATHER OF CHILD 10. FULL NAME <u>Pearl Roy Gage</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>31</u> yrs. 13. Birthplace <u>Junction City, Oregon</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Rancher</u> 15. Industry or Business <u>Growing Stock and Produce</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Stilday Eubanks</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>24</u> yrs. 19. Birthplace <u>Oakland, Oregon</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Keeping a Home</u>	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Washington } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 County of Chelan }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 31 years, and that Dr. Fessett who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Stilday Eubanks Gage Signature
130 1/2 So. Chelan Ave., Wenatchee, Wash. P. O. Address

Subscribed and sworn to before me this 25th. day of August, 19 42

(SEAL) John A. Douglas Notary Public, residing at Wenatchee, Wash.
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 11-914 Idaho Code, Annotated)

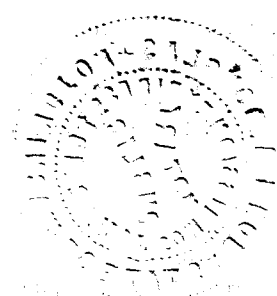
Received for filing on AUG 27 1942 by Mary A. Gage, Registrar.

AUG 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **355232**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Mayfield (b) City Lapwai Id
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 10 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Mayfield
(c) City Lapwai, Id
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Georgia Ellen Doty

6. Sex Female Twin or Triplet — If so—born 1st, 2nd, 3rd 2

FATHER OF CHILD

10. FULL NAME Matthew W. Doty
11. Color Wp 12. Age at time of THIS birth 26 yrs.
13. Birthplace Pullman, Wash
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Oxyd

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at AP A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

25. Attendant's OWN signature John A. Alley (Mother, etc.) M.D. Midwife Address Date 8-26-42

State of } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of }

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name) who attended this birth. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address
Subscribed and sworn to before me this day of 19.....

(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on AUG 26 1942 by Mabel E. Becken, Registrar.

AUG 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **355332**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Jeridinaid</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: — (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Jeridinaid</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>12</u> yrs	
4. FULL NAME OF CHILD <u>Harvey James Willis</u>		5. Date of Birth of Child (Month, day, year) <u>July 7, 1910</u>	
6. Sex	7. Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy	9. Legitimate?
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>James Harvey Willis</u>		16. FULL MAIDEN NAME <u>Mary Myrtle Stevenson</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>49</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>32</u> yrs.
13. Birthplace <u>Lane County, Oregon</u> (City or town) (State or foreign country)		19. Birthplace <u>Oregon</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer and stockman</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. none
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)
25. Attendant's OWN signature M.D. Address Date

State of Montana
County of Cascade } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 32 years, and that (Mrs.) Hanson, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther Taylor Signature
Senior Case Worker Dept. of Public Welfare
Civic Center, Great Falls, Mont. P. O. Address

Subscribed and sworn to before me this 29 day of August, 1942.
(SEAL) Chas. Regan, Co. Clk. By James W. Kovich Notary Public, residing at Great Falls
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-104, Idaho Code Annotated.)

Received for filing on AUG 31 1942 by Marjorie E. Taylor Registrar.

SEP 2 1942

APR 20 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

419-113-04-712

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **355351**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **ADA** (b) City **BOISE**
(c) Street Address or R.F.D. No. **1319 ALTURAS**
(d) Name of Hospital or Maternity Home:
AT HOME
(e) Mother's stay **BEFORE** delivery:
IN THIS county **ADA** years **8** months **2** days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **IDAHO** (b) County **ADA**
(c) City **BOISE**
(d) Street Address or R.F.D. No. **1319 ALTURAS**
(e) How long has **MOTHER** lived in Idaho? **8** yrs.

4. FULL NAME OF CHILD

MILES ORVILLE MARION

5. Date of Birth of Child

(Month, day, year) **OCT-13-1910**

6. Sex

MALE

7. Twin or Triplet

—

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

YES

FATHER OF CHILD

10. FULL NAME

CHARLES EDWARD MARION

11. Color or Race

WHITE

12. Age at time of THIS birth

40 yrs.

13. Birthplace

LEADVILLE

COLO.

(City or town)

(State or foreign country)

14. Exact Occupation

POLICE FORCE BOISE

IDA.

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

SYBIL LEONA GABHART

17. Color or Race

WHITE

18. Age at time of THIS birth

34 yrs.

19. Birthplace

OAKHILL KANSAS

(City or town)

(State or foreign country)

20. Exact Occupation

HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **3** **(b) Born alive and now living** **3**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature

M.D. Midwife Address

Date

State of **Oregon**
County of **Multnomah** ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that

DR. GLASE
(First name) (Last name)

who attended this birth **DECEASED** I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sibyl Leona Marion

Signature

7024 S. E. 21st Ave

P. O. Address

NOTARY PUBLIC FOR OREGON

Subscribed and sworn to before me this **27** day of **August** 19**42**

COMMISSION EXPIRES OCT. 27 **W. W. Harke Bateman** Notary Public, residing at **Portland**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

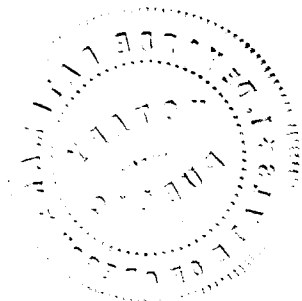
Received for filing on **AUG 29 1942** by **Mabel E. Lister** Registrar.

SEP 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

255-123-036-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **355362**
Local Reg. No.
Reg. Dist. No.

SEP 1 1942

1. PLACE OF BIRTH (At time of this birth)

(a) County Owada (b) City Oxford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at Family Home
(e) Mother's stay BEFORE delivery:
IN THIS county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Owada
(c) City Oxford
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 18 yrs.

4. FULL NAME OF CHILD

David Lavern Kendall

6. Sex M 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) 23-Sept-1910

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME David Earl Kendall
11. Color or Race White 12. Age at time of THIS birth 21 yrs.
13. Birthplace Oxford Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL NAME Lillia Irene Millard
17. Color or Race White 18. Age at time of THIS birth 18 yrs.
19. Birthplace Preston Idaho
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Idaho } ss.
County of Franklin

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 18 years, and that Elizabeth Kendall who attended this birth is deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Lillia Irene Kendall Signature

Oxford Idaho P. O. Address

Subscribed and sworn to before me this 29 day of August 1942

(SEAL) Orman Kozod Notary Public, residing at 615 Main Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on SEP 1 1942 by Mary J. Lifer Registrar.

SEP 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 10 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

445-105-004-113

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **355380**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bear Lake</u> (b) City <u>Bloomington</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>36</u> years months days	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bear Lake</u> (c) City <u>Bloomington</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>36</u> yrs.
3. RESIDENCE OF FATHER (city, state) <u>Idaho</u>	

4. FULL NAME OF CHILD <u>Whitney Marcel Dunford</u>	5. Date of Birth of Child (Month, day, year) <u>Feb. 5, 1910</u>
6. Sex <u>male</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD	
10. FULL NAME <u>Parley Edwin Dunford</u>	16. FULL MAIDEN NAME <u>Mary Jacobsen</u>
11. Color or Race <u>white</u>	17. Color or Race <u>white</u>
12. Age at time of THIS birth <u>30</u> yrs.	18. Age at time of THIS birth <u>36</u> yrs.
13. Birthplace <u>St. Louis Missouri</u> (City or town) (State or foreign country)	19. Birthplace <u>Bloomington Idaho</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Farmer</u>	20. Exact Occupation <u>Housewife</u>
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Utah
County of Cache } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 36 years, and that Albert Ashley, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Jacobsen Dunford Signature
Logan, Utah P. O. Address

Subscribed and sworn to before me this 21st day of August, 1942
(SEAL) [Signature] Notary Public, residing at Logan, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code, Annotated.)

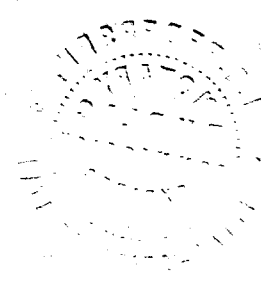
Received for filing on SEP 1 1942 by Mary Jacobsen, Registrar.

SEP 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



369-124-003-587.

355425

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 615 North Grant
(d) Name of Hospital or Maternity Home: at Home

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 615 N. Grant

(e) How long has MOTHER lived in Idaho? 55 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child
(Month, day, year) Feb. 24 - 1910

4. FULL NAME OF CHILD John Wayne Corbridge

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Edward Corbridge
11. Color White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Pocatello Idaho
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mahilda Mygard
17. Color White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Logan Utah
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was John Wayne Corbridge M. on the date Feb. 24 - 1910 (Born alive stillborn) and at the place stated above, and that personal particulars were furnished by Minnie C. Statham who is related to this child as mother (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature Minnie C. Statham Address 214 North Lindbergh

State of Idaho ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 20 years, and that

(First name) (Last name) who attended this birth. I further state that (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this _____ day of _____, 19____.

(SEAL)

Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 10 1942 by Mabel E. Jensen Registrar.

SEP 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

966-123 224-954

United States (Be sure the information is as of date of birth of THIS child) State File No. **355434**
Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census **STATE OF IDAHO** Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Gooding (b) City Bliss
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: at home
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Bliss
(d) Street Address or R.F.D. No. - - - -
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Arthur Leroy Rowberry

5. Date of Birth of Child (Month, day, year) March 23, 1910

6. Sex Male 7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** LAWRENCE L. ROWBERRY

11. Color White 12. Age at time of THIS birth 26 yrs.

13. Birthplace Montville, Utah (City or town) (State or foreign country)

14. Exact Occupation Section foreman

15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Belle Redden

17. Color White 18. Age at time of THIS birth 30 yrs.

19. Birthplace Great Falls, New Hampshire (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 6 A. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Annie Belle Rowberry who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife

State of Montana } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Cascade }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that Doctor Higgs who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Belle Knight, formerly Annie Belle Rowberry Signature
518 - 5th Ave. S. W. Great Falls, Montana Address

Subscribed and sworn to before me this 27th day of August, 1942

(SEAL) G. L. Shawbridge Notary Public, residing at Great Falls, Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 14-914, Idaho Code Annotated.)

Received for filing on AUG 31 1942 by Maude E. ..., Registrar.

SEP 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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249-106-104-313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **355440**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City P. Drama
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
Residence
(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years 4 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City P. Drama
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 1 yr - 4 mos + yrs.

3. RESIDENCE OF FATHER (city, state). 6 yrs.

4. FULL NAME OF CHILD William Caldwell Smith.

5. Date of Birth of Child Nov. 6, 1910
(Month, day, year)

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Hugh Wilbur Carlyle Smith.
11. Color white 12. Age at time of THIS birth 27 yrs.
or Race
13. Birthplace Peotone, Illinois
(City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Merchandise

MOTHER OF CHILD

16. FULL MAIDEN NAME Emmie Laura Caldwell
17. Color white 18. Age at time of THIS birth 24 yrs.
or Race
19. Birthplace Marquette, Kansas
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32 years, and that
J. A. Williamson, who attended this birth cannot be located I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emmie C. Smith. Signature

P. O. Address

Subscribed and sworn to before me this 24th day of August

19 45

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public, residing at Caldwell, Ida.
Com. Expires 1947

Received for filing on

by

Registrar

AUG 29 1942

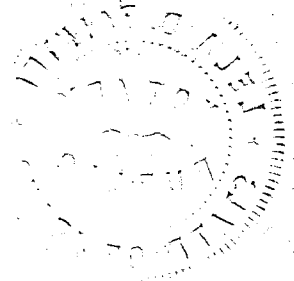
SEP 12 1949

SEP 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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235-124-004-493

335448

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

SEP 3 1942

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bear Lake (b) City Sharon
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay **BEFORE** delivery:
IN THIS county 20 years 1 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bear Lake
(c) City Sharon
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 52 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Raymond Frederick Sleight 5. Date of Birth of Child Nov 24, 1910
(Month, day, year)

6. Sex Male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd _____

8. Mo. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas George Sleight
11. Color White 12. Age at time of THIS birth 42 yrs.
13. Birthplace Paris Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily Miles
17. Color White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Glendale, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1.0 % sol argyrol
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 31 years, and that Dr. George Ashley, who attended this birth, deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emily Miles Sleight Signature

Paris Idaho, Box 44 P. O. Address

Subscribed and sworn to before me this 2 day of September, 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by Marj 26 Registrar.

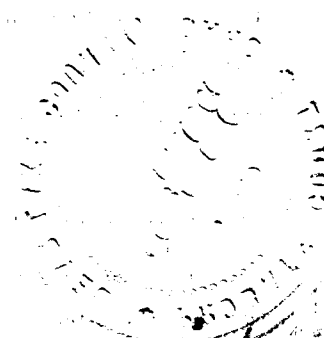
SEP 3 1942

SEP 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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284-169-022-249

United States (Be sure the information is as of date of birth of THIS child) State File No. 355449
Department of Commerce
Bureau of the Census SEP 3 1942 CERTIFICATE OF BIRTH STATE OF IDAHO Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City _____
(c) Street Address or R.F.D. No. Archer p.o.
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay BEFORE delivery: _____
IN THIS county 10 years 2 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Archer
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Archer Ida.

4. FULL NAME OF CHILD Norma May Squires 5. Date of Birth of Child (Month, day, year) May 9 1910

6. Sex _____ 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____ 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Lawrence Bond Squires 16. FULL MAIDEN NAME Mimmie Burns
11. Color or Race White 12. Age at time of THIS birth 19 yrs. 17. Color or Race White 18. Age at time of THIS birth 18 yrs.
13. Birthplace Synman Idaho (City or town) (State or foreign country) 19. Birthplace Archer Idaho (City or town) (State or foreign country)
14. Exact Occupation Farming 20. Exact Occupation House wife
15. Industry or Business _____ 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at 4 P. M. on the date (Born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of California County of Los Angeles ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 30 years, and that Laurence Bond Squires (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laurence Bond Squires Signature
4159 1/2 Tweedy Blvd South Gate Calif. Address

Subscribed and sworn to before me this 29 day of August 1947

(SEAL) Harold L. Hansen Notary Public, residing at Synman, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 3 1942 by Mary E. Egan Registrar.

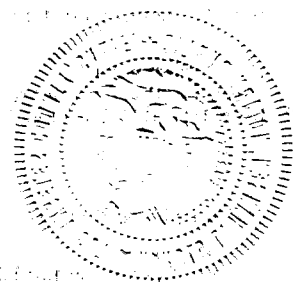
COMMISSION EXPIRES NOV. 20, 1948

SEP 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



469-129-035-731

355451

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

SEP 3 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Nespecke</u> (b) City <u>Melrose</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nespecke</u> (c) City <u>Melrose</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>14</u> yrs.	
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4. FULL NAME OF CHILD <u>Earl Arthur Mortimore</u>		5. Date of Birth of Child (Month, day, year) <u>Aug. 29, 1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Oliver Albert Mortimore</u>		16. FULL MAIDEN NAME <u>Lucinda Ellen Platt</u>	
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>29</u> yrs.	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>26</u> yrs.
13. Birthplace <u>Kansas</u> (City or town) (State or foreign country)		19. Birthplace <u>Newaygo</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Blacksmith</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Address Date

State of Washington
County of Asotin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that A. G. Douglas, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucinda Ellen Platt Mortimore Signature
945-2nd St., Clarkston, Wn P. O. Address

Subscribed and sworn to before me this 1st day of September, 19 42
(SEAL) Burt C. Halsey Notary Public, residing at Clarkston
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 3 1942 by [Signature] Registrar.

SEP 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

355452

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

SEP 3 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Jefferson (b) City Lorenzo
(c) Street Address or R.F.D. No. #1
(d) Name of Hospital or Maternity Home:
Own home residence
(e) Mother's stay BEFORE delivery:
IN THIS county 24 years 1 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Jefferson
(c) City Lorenzo
(d) Street Address or R.F.D. No. #1
(e) How long has MOTHER lived in Idaho? 56 yrs

3. RESIDENCE OF FATHER (city, state) Lorenzo Idaho
5. Date of Birth of Child MARCH-27-1910
(Month, day, year)

4. FULL NAME
OF CHILD

Elmer Hickman

6. Sex

Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9

9. Legitimate?

FATHER OF CHILD

10. FULL
NAME

John Alongo Hickman

11. Color
or Race

WHITE

12. Age at time
of THIS birth

48 yrs.

13. Birthplace

Paris

Illinois

14. Exact
Occupation

Farming

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN
NAME

Laura May Hall

17. Color
or Race

White

18. Age at time
of THIS birth

36 yrs.

19. Birthplace

Ogden

Utah

20. Exact
Occupation

Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Jefferson

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 68 years of age, that I have known this person for 56 years, and that
Laura M. Hall (First name) (Last name), who attended this birth in Paris, Illinois (Is now deceased) or (Cannot be located) I further state that
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Laura Hickman Signature
Lorenzo R.F.D. #1 P. O. Address

Subscribed and sworn to before me this 22 day of June, 1942

(SEAL)

George M. Hanson

Notary Public, residing at Meridian Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 3 1942 by W. J. K. [unclear] Registrar.

SEP 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

365-127-036-418

United States
Department of Commerce
Bureau of the Census

SEP 3 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 355459
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Treasureton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At home (own home)
(e) Mother's stay BEFORE delivery:
IN THIS county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Treasureton
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 33 yrs.
3. RESIDENCE OF FATHER (city, state) Treas., Ida.

4. FULL NAME OF CHILD Harold James Conlin
5. Date of Birth of Child (Month, day, year) 8-27-1919
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate?

FATHER OF CHILD
10. FULL NAME Ernest Edward Conlin
11. Color or Race American 12. Age at time of THIS birth 37 yrs.
13. Birthplace Ogden, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Post Master

MOTHER OF CHILD
16. FULL MAIDEN NAME Ruby Mayfield
17. Color or Race American 18. Age at time of THIS birth 28 yrs.
19. Birthplace Ogden, Utah
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive living M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Ruby M. Conlin, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 32 years, and that Mrs. John McQueen is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 29th day of August, 19 42

(SEAL)

Notary Public, residing at Preston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code, annotated)

Received for filing on SEP 3 1942 by Mary E. Blanton, Registrar.

SEP 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Woodland</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home <u>(At Home)</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>4</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Woodland</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>10</u> yrs.	
4. FULL NAME OF CHILD <u>Seth Oliver Wilson</u>		5. Date of Birth of Child (Month, day, year) <u>July 3rd 1910</u>	
6. Sex <u>male</u> 7. Twin or Triplet <u>—</u> If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Albert Leonard Wilson</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>40</u> yrs. 13. Birthplace <u>Indiana U.S.A.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Retired Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Clara Etta Lee</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>32</u> yrs. 19. Birthplace <u>Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Midwife _____ Address _____ Date _____

State of Oregon } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Lincoln }

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for since birth years, and that Seth Oliver Wilson who attended this birth. Mary Dent Decker I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Etta Lee Wilson Signature

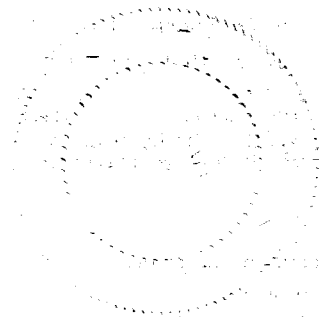
Subscribed and sworn to before me this 27 day of Aug, 1942
(SEAL) E. J. Dodd Notary Public, residing at Hermiston
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17914, Idaho Code Annotated.)

SEP 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



355501

- 495-115228-381

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Hayden Lake(c) Street Address or R.F.D. No. R.F.D. #1

(d) Name of Hospital or Maternity Home:

In the home on the farm

(e) Mother's stay BEFORE delivery:

IN THIS county 16 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County Kootenai(c) City HAYDEN LAKE,

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Harvey Ross Dingman5. Date of Birth of Child
(Month, day, year) July 15th 19106. Sex Male 7. Twin or Triplet single If so—born 1st, 2nd, 3rd8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ross Dingman11. Color white or Race American 12. Age at time of THIS birth 37 yrs.13. Birthplace Nebraska
(City or town) (State or foreign country)14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Chassee17. Color white or Race American 18. Age at time of THIS birth 16 yrs.19. Birthplace Beaver Creek, Wash.
(City or town) (State or foreign country)20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

Dead

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

M.D.
Midwife Address

Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that

(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Nellie Dingman

Signature

Hayden Lake R #1 Idaho.

P. O. Address

Subscribed and sworn to before me this 31st day of August, 1942

(SEAL)

Notary Public, residing at Coeur d'AleneIda.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on SEP 4 1942 by Mary E. [Signature], Registrar.

SEP 4

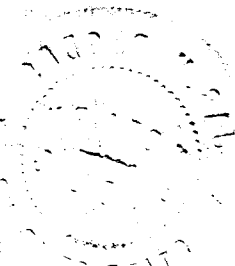
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

984-122-216-454

355515

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Burley</u> (c) Street Address or R.F.D. No. <u>S. Oakley Ave.</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>6</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Burley</u> (d) Street Address or R.F.D. No. <u>S. Oakley Ave.</u> (e) How long has MOTHER lived in Idaho? <u>32</u> yrs.	
4. FULL NAME OF CHILD <u>William Junior Rydalc</u>		5. Date of Birth of Child (Month, day, year) <u>12-22-1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD <u>Deceased 1935</u>		MOTHER OF CHILD <u>Deceased 1935</u>	
10. FULL NAME <u>Jethro Miles Rydalc</u>		16. FULL MAIDEN NAME <u>Florence Edith DeMott</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>36</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>30</u> yrs.
13. Birthplace <u>Grantville, Utah.</u> (City or town) (State or foreign country)		19. Birthplace <u>Aurora, Portage Co., Ohio.</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Teamster</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. No good eye sight
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 8 A. M. on the date 23rd (Born alive, stillborn, or (Cannot be located))
and at the place stated above, and that personal particulars were furnished by Florence Deasley who is related to this child as Sister (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Joseph Fremstad **M.D.** Wife Address Burley Idaho Date Sep 2-42
State of Idaho } ss.
County of Cassia

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 35 years of age, that I have known this person for since birth, and that Dr. Fremstad (First name) (Last name), who attended this birth. Out of town (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Rydalc Deasley Signature
533 N. Almo Ave. Burley, Idaho P. O. Address

Subscribed and sworn to before me this 28 day of August 1942

(SEAL) Jeannette Y. Chamberlain Notary Public, residing at Burley
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 29 1942 by Maud E. Elin Registrar.

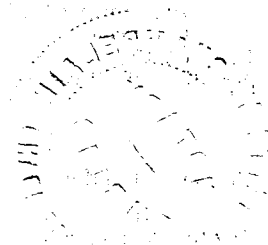
JAN 10 1972

SEP 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

993-2091036-613

355528

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Oneida (b) City.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Samarina, Idaho
(e) Mother's stay BEFORE delivery:
IN THIS county yes years 31 months 6 days 12

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Oneida
(c) City Samarina
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho 62 yrs.

4. FULL NAME OF CHILD

Ann Richards

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Jahn Henry Richards
11. Color or Race white 12. Age at time of THIS birth 36 yrs.
13. Birthplace Malad, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

3. RESIDENCE OF FATHER (city, state) Samarina, Idaho

5. Date of Birth of Child
(Month, day, year) June 9, 1910

8. No. months of Pregnancy 9 mo. 9. Legitimate?

MOTHER OF CHILD

16. FULL MAIDEN NAME Eveline Senette Waldron
17. Color or Race white 18. Age at time of THIS birth 31 yrs.
19. Birthplace Samarina, Idaho
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was living at Malad, Idaho M. on the date June 9, 1910 and at the place stated above, and that personal particulars were furnished by Mary Ann Reese who is related to this child as no relationship, is now deceased (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Deceased M.D. Address Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 25 years, and that Mary Ann Reese who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ernest S. Waldron Signature

Samarina, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of September, 19 42

(SEAL) J. H. Fredrickson Notary Public, residing at Malad, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 4 1942 by Maud E. Reese Registrar.

SEP 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin, or guardian, or some person having direct knowledge in the premises.

261-103-064-238
SEP 14 1942

355552

355552

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 4
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 4
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Vernon Joseph Swartz

5. Date of Birth of Child

(Month, day, year) Dec 3 1910

6. Sex Male 7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Marion Swartz
11. Color white 12. Age at time of THIS birth 43 yrs.
13. Birthplace Paris Ill. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Bly
17. Color white 18. Age at time of THIS birth 34 yrs.
19. Birthplace Dixon Ill. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol Ag. Nit.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at ✓ M. on the date Sept 11 1942 (Born alive, stillborn)
and at the place stated above, and personal particulars were furnished by Joseph M Swartz who is related to this child as Father (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature J H Murray M.D. Midwife Address Nampa Idaho Date Sept 11 1942
State of Idaho ss. ✓ AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ✓ of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 43 years, and that Joseph M Swartz who attended this birth. (First name) (Last name) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 11 day of Sept, 1942

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 14 1942 by Mary E Elder Registrar.

SEP 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

214-115 4020-795

355565

355565

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce SEP 15 1942 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: IN THIS county 1 years 6 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

4. FULL NAME OF CHILD GLENN IRWIN SAMSON 5. Date of Birth of Child (Month, day, year) August 15 1940

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Watson Roger Samson</u>	16. FULL MAIDEN NAME <u>Myrtle Adalie Pierce</u>		
11. Color or Race <u>white</u>	17. Color or Race <u>white</u>	12. Age at time of THIS birth <u>32</u> yrs.	18. Age at time of THIS birth <u>28</u> yrs.
13. Birthplace <u>Sidney, Illinois</u> (City or town) (State or foreign country)	19. Birthplace <u>Wauszeka, Wisconsin</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Farmer</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business <u> </u>	21. Industry or Business <u> </u>		

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as Grand mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Adaline M Pierce MB Midwife Address Mtn. Home, Ida. Date Sep. 15-42

State of Idaho } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of Elmore }

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 32 years, and that the Doctor, who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Watson R. Samson

Signature P. O. Address Mountain Home, Idaho.

Subscribed and sworn to before me this 15th day of September, 1942

(SEAL) Notary Public, residing at Mtn. Home, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 15 1942 by Marion E. Eder, Registrar.

SEP 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

168-119044-231

United States
Department of Commerce
Bureau of the Census

SEP 8 1942

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **355592**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
on farm in Advent Gulch
(e) Mother's stay **BEFORE** delivery:
IN THIS county 7 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge (on farm)
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

4. **FULL NAME OF CHILD** Ernest Clyde Johnson
7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Cambridge, Id.
5. Date of Birth of Child (Month, day, year) July 19, 1910
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Jonas O. Johnson
11. Color or Race White 12. Age at time of THIS birth 65 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Marilda Frances Stansberry
17. Color or Race White 18. Age at time of THIS birth 45 yrs.
19. Birthplace Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho }
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the rector of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that Dr. Elliott, who attended this birth, cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC FOR OREGON

My Commission Expires Feb. 28, 1945.

Subscribed and sworn to before me this 5th day of September 1942
(SEAL) Wiley M. Harvey Notary Public, residing at 1942
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-91, Idaho Code Annotated.)

Received for filing on SEP 8 1942 by Marj E. Egan Registrar.

SEP 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the **Bureau of Vital Statistics** for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

551-105-036-165

355631

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

SEP 8 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

4. FULL NAME OF CHILD Edward Jones Evans
6. Sex boy 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state)
5. Date of Birth of Child (Month, day, year) 5 Jan 1910
8. No. months of Pregnancy 9 9. Legitimate?

FATHER OF CHILD
10. FULL NAME William Morgan Evans
11. Color white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Malad City Idaho (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Mary Jones
17. Color white 18. Age at time of THIS birth 32 yrs.
19. Birthplace Idaho Lake City Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California County of San Francisco ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 35 years of age, that I have known this person for (since birth) years, and that her Wright who attended this birth Cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 3 day of September 1942
(SEAL) Notary Public Notary Public, residing at 1130 Fell St. San Francisco, California Signature Mary Evans P. O. Address
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

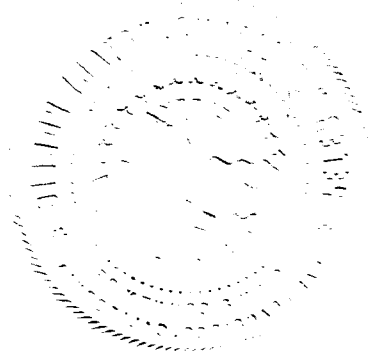
Received for filing on SEP 8 1942 by Marj T. Eber Registrar.

SEP 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



552-107-009-819

355641

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 8 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County..... Bonner (b) City..... Sand Point
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State..... Idaho (b) County..... Bonner
(c) City..... Sand Point
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?..... two yrs.

4. **FULL NAME OF CHILD**..... Donald Grant Vestal

5. Date of Birth of Child
(Month, day, year)..... Sep. 7, 1910

6. Sex male 7. Twin or Triplet --- If so—born 1st, 2nd, 3rd -- 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME**..... Gaylord Sherman Vestal
11. Color..... white 12. Age at time of THIS birth..... 29 yrs.
13. Birthplace..... near Galesburg, Illinois
(City or town) (State or foreign country)
14. Exact Occupation..... brick-setter
15. Industry or Business..... brick-yard

MOTHER OF CHILD

16. **FULL MAIDEN NAME**..... Della Yaryan
17. Color..... white 18. Age at time of THIS birth..... 22 yrs.
19. Birthplace..... Freemont, Nebraska
(City or town) (State or foreign country)
20. Exact Occupation..... housewife
21. Industry or Business..... own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... 1 (b) Born alive and now living..... 0

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature..... M.D. Midwife Address Date

State of..... Oregon } ss.
County of..... Jackson

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... mother..... of the person whose name appears in Item 4, above, that I am now..... 54..... years of age, that I have known this person for..... 32..... years, and that..... Dr. M. M. McKinnen....., who attended this birth..... is now deceased..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Della Vestal..... Signature
1035 N. Main St., Ashland, Oregon..... P. O. Address

Subscribed and sworn to before me this..... 4th day of..... Sept......, 19 42

(SEAL)..... Notary Public, residing at..... Ashland, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My com expires 5/12/1944)

Received for filing on..... SEP 8 1942..... by..... Mary E. [Signature]....., Registrar.

SEP 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

636-117.030-736

United States
Department of Commerce
Bureau of the Census

SEP 8 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **355661**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bemha</u> (b) City <u>Libney</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bemha</u> (c) City <u>Libney</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>7</u> yrs.	
4. FULL NAME OF CHILD <u>Daniel Frederick O. Connor</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		5. Date of Birth of Child (Month, day, year) <u>March 17-1910</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>+</u>	
6. Sex <u>Male</u> FATHER OF CHILD 10. FULL NAME <u>Daniel Francis O. Connor</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>47</u> yrs. 13. Birthplace <u>Hudson Iowa</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Furrier</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Belle Bloehoff</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>34</u> yrs. 19. Birthplace <u>Elliot Iowa</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by Belle O'Connor (Born alive or stillborn) (First name) (Last name), who is related to this child as Mother (Mother, etc.)
25. Attendant's OWN signature Guinda Merrill M.D. _____ Midwife _____ Address Butte Montana Date 8-25-42

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 County of Bemha }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for _____ years, and that _____, who attended this birth _____ I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Belle O'Connor
Libney Idaho P. O. Address
 Subscribed and sworn to before me this 3 day of Sept
 (SEAL) John Boyd East Co. Recorder Notary Public, residing at Challis Idaho
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 8 1942 by Harry E. Jensen, Registrar.

SEP 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-128-203-714

355696

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

SEP 9 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County... Bannock... (b) City... Pocatello...
(c) Street Address or R.F.D. No. Not Known...
(d) Name of Hospital or Maternity Home: At Home...
(e) Mother's stay BEFORE delivery:
IN THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State... Idaho... (b) County... Bannock...
(c) City... Pocatello...
(d) Street Address or R.F.D. No. Not Known...
(e) How long has MOTHER lived in Idaho? 8 yrs

3. RESIDENCE OF FATHER (city, state) Pocatello, Id

4. FULL NAME OF CHILD Herald Elton Beckstead

5. Date of Birth of Child
(Month, day, year) Jan. 28th, 1910

6. Sex Male 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Alexander Beckstead
11. Color White 12. Age at time of THIS birth 38 yrs.
13. Birthplace South Jordan, Utah
(City or town) (State or foreign country)
14. Exact Occupation Automobile Dealer
15. Industry or Business Merchandise

MOTHER OF CHILD

16. FULL MAIDEN NAME Maud Eralyn Gambles
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Franklin, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Homekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for all his life years, and that Dr. Stealey, who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
The facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 5th day of Sept, 1942
(SEAL) Robert J. Long Notary Public, residing at 6438 Whittier Blvd. Los Angeles, Cal.

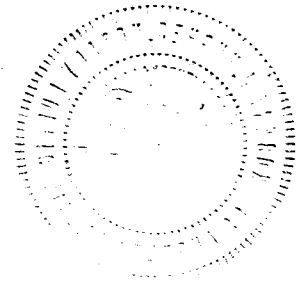
Received for filing on SEP 9 1942 by Mary J. Decker Registrar.

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JUL 29 1942
MAR 2 1942
SEP 10 1942
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

632-207.004-515

355704

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 9 1942

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bear Lake (b) City Ovid
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bear Lake
(c) City Ovid
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 63 yrs.

3. RESIDENCE OF FATHER (city, state) Ovid, Idaho

4. FULL NAME OF CHILD Jamie Olsen

5. Date of Birth of Child
(Month, day, year) Sept. 7, 1910

6. Sex female 7. Twin or Triplet twin If so—born 1st, 2nd, 3rd 1st. 8. No. months of Pregnancy 9. 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Orson Hyrum Olsen
11. Color White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Ovid Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Zelnora Van Noy
17. Color white 18. Age at time of THIS birth 31 yrs.
19. Birthplace Riverdale Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11:30 P. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho }
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 31 years, and that Dr. George F. Ashley, who attended this birth is deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 9 day of September, 1942
(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 9 1942 by Marj 26-42 Registrar.

FEB 7 1962

DEC 16 1968

DEC 23 1975

SEP 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

366-126-212-434

United States
Department of Commerce
Bureau of the Census

SEP

8

1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

355710

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Battle (b) City Howe
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years months days

4. FULL NAME OF CHILD

Lincoln L. Cowgill

6. Sex Male 7. Twin or Triplet 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Henry H. Cowgill
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Webster Co Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Battle
(c) City Howe
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) deceased

5. Date of Birth of Child (Month, day, year) March 26 1910

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Mable Clair Mc Mullin
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Independence Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho }
County of Battle } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 2 above, that I am now 60 years of age, that I have known this person for 32 years, and that Dr. Stephen who attended this birth is deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mable Clair Cowgill Signature

Howe Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of September 1942

(SEAL) Geo A. Thurston, Probate Notary Public, residing at Arco, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 8 1942 by Mabel E. Blum Registrar.

SEP 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

SEP 8 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

355723

1. PLACE OF BIRTH (a) County <u>Jefferson</u> (b) City <u>Roberts</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. In THIS county _____ years _____ month _____ days.		2. USUAL RESIDENCE of MOTHER: (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Jefferson</u> (c) City <u>Roberts</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? _____ yrs. (f) Mother's mailing address <u>As Box 89 A</u>	
4. FULL NAME OF CHILD <u>James Jackson Hill</u>		5. Date of Birth (Month, day, year) <u>Sept 30 1940</u>	
6. Sex <u>M.</u>	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy
10. FULL NAME <u>Chamney Eugene Hill</u>		MOTHER, OF CHILD	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>26</u> yrs.	16. FULL MOTHER NAME <u>Hermione Jackson</u>	
13. Birthplace <u>Fayette Utah USA</u> (City or town) (State or foreign country)	14. Exact Occupation <u>Farmer</u>	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>32</u> yrs.
15. Industry or Business	19. Birthplace <u>Glenwood Utah</u> (City or town) (State or foreign country)	20. Exact Occupation <u>House wife</u>	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) _____ (Date received) _____ (Registrar's signature) _____
27. Given name added on _____ by _____ (Registrar's signature) _____

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Utah } ss.
County of Utah

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hermione Jackson Hill, being first duly sworn, say that I am related to James Jackson Hill as Mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Jones (Name of attendant at birth), who attended said birth cannot be located and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

SEP 8 1942

Hermione J Hill Signature
Route 3 Box 89 A, Provo, Utah. P.O. Address

Subscribed and sworn to before me on this 5th day of Sept., 19 42

(SEAL)

Notary Public, residing at Provo, Utah

SEP 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-207-040-285

355747

United States (Be sure the information is as of date of birth of THIS child) State File No.
 Department of Commerce SEP 8 1942 CERTIFICATE OF BIRTH Local Reg. No.
 Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County Shoshone (b) City Kellogg
 (c) Street Address or R.F.D. No. Rural
 (d) Name of Hospital or Maternity Home:
 (e) Mother's stay BEFORE delivery:
 In Hosp. or Mat. Home _____ days.
 IN THIS county 4 years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
 (a) State _____ (b) County _____
 (c) City _____
 (d) Street Address or R.F.D. No. _____
 (e) How long has MOTHER lived in Idaho? _____ yrs.
 (f) Mother's mailing address _____

4. FULL NAME OF CHILD Marjorie Alice Wilson 5. Date of Birth Nov 15 1910
 (Month, day year)
 6. Sex female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
 10. FULL NAME Lewis William Wilson
 11. Color or Race white 12. Age at time of THIS birth 25 yrs.
 13. Birthplace Stockton Kansas
 (City or town) (State or foreign country)
 14. Exact Occupation farming
 15. Industry or Business _____

MOTHER OF CHILD
 16. FULL MAIDEN NAME Edith Sheldon
 17. Color or Race white 18. Age at time of THIS birth 24 yrs.
 19. Birthplace Brighton Iowa
 (City or town) (State or foreign country)
 20. Exact Occupation housewife
 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
 23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
 (c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
 (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
 (First name) (Last name)

26. (a) _____ (Date received) (b) _____ (Registrar's signature) 25. Attendant's OWN signature _____ M.D.
 27. Given name added on _____ by _____ (Registrar's signature) and address _____ Date _____
 (D.O., Midwife, etc.)

State of Washington } ss.
 County of Stevens

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Edith Wilson, being first duly sworn, say that I am mother
Marjorie Alice Wilson as daughter (Related to (or) acquainted with)
 (Name of person on certificate above) (State relationship or acquaintance)
 appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Pachette (Name of attendant at birth)
 said birth is deceased and that this birth has not been previously recorded.
 (Is now deceased (or) cannot be located)

Edith S. Wilson Signature
Colville R.F.D. #3 P. O. Address

Subscribed and sworn to before me on this 31st day of August, 1942
 (SEAL) _____ Notary Public, residing at Colville

SEP 8 1942

SEP 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

275-119 029 495

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

SEP 10 1942 STATE OF IDAHO

355807

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Genesee</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State (b) County (c) City (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs.	
4. FULL NAME OF CHILD <u>Edward Charles Spencer</u>		5. Date of Birth of Child (Month, day, year) <u>Dec. 17, 1910</u>	
6. Sex <u>Male</u> 7. Twin or Triplet <u>None</u> If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>nine</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Frederick Chas. Spencer</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>27</u> yrs. 13. Birthplace <u>Genesee Idaho</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farming</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Bulah Lenora Mink</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>18</u> yrs. 19. Birthplace <u>Volney Virginia</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Washington
County of Walla Walla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now fifty years of age, that I have known this person for 32 years, and that Dr. Tubrey who attended this birth cannot be located. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. F.C. (Bulah) Spencer Signature
Preecott, Wash. P. O. Address

Subscribed and sworn to before me this 9 day of Sept. 1942
(SEAL) Theresa Hall Notary Public, residing at Walla Walla
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 10 1942 by Mary E. Deane Registrar.

SEP 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

386 127 031921

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 10 1942

355819
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Lewis (b) City Mohler
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own private home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Lewis
(c) City Mohler
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Mohler, Idaho

4. FULL NAME OF CHILD

Arnold Kenneth Thastenson

5. Date of Birth of Child
(Month, day, year) July 27, 1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Thastenson
11. Color white 12. Age at time of THIS birth yrs.
13. Birthplace Norway
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Isaacson
17. Color white 18. Age at time of THIS birth yrs.
19. Birthplace Paris, Minn.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child, 4 (b) Born alive and now living, 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 32 years, and that Dr. Jeffries who attended this birth cannot be located I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elas Thastenson
1523 Cole St. Enumclaw Wash. P. O. Address

Subscribed and sworn to before me this 4th day of September, 1942.

(SEAL) Dr. Jeffries Notary Public, residing at Enumclaw

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 10 1942 by Max E. Lefner Registrar.

SEP 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

693-209-044 817

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 355825

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth)

(a) County Washington City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county 19 years 3 months 16 days

4. FULL NAME OF CHILD Leta Lillian Williamson

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Wilburn W. Williamson
11. Color or Race White 12. Age at time of THIS birth 19 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farm laborer
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Midvale Ida.

5. Date of Birth of Child (Month, day, year) 3-9-1910

8. No. months of Pregnancy 9. Legitimate?

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Hague
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at Midvale M. on the date 3-9-42 and at the place stated above, and that personal particulars were furnished by Anna Williamson who is related to this child as Mother (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature Fa Schmitz M.D. Midwife Address Wiser Id. Date 9-5-42

State of Idaho County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Attendant of the person whose name appears in Item 4, above, that I am now 19 years of age, that I have known this person for 19 years, and that Anna Williamson, who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 5 day of September, 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, annotated.)

Notary Public, residing at

Received for filing on SEP 11 1942 by Myrtle E. Egan, Registrar.

SEP 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-25016-669

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 14 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 355836

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. Conant Ave
(d) Name of Hospital or Maternity Home:
Born in the home
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. Conant Ave
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

GAYLIE MILDRED RICH

6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

5. Date of Birth of Child

(Month, day, year) 5-15-10

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel Grover Rich
11. Color or Race white 12. Age at time of THIS birth 25 yrs.
13. Birthplace Paris Idaho
(City or town) (State or foreign country)
14. Exact Occupation BANKER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mildred Forgeon
17. Color or Race white 18. Age at time of THIS birth 27 yrs.
19. Birthplace Cokeville W. Wyoming
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum:

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)

25. Attendant's OWN signature

M.D. Address Date

State of Utah County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that D.P. J. C. Patterson, who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samuel Grover Rich Signature

77 Hillside Ave., Salt Lake City, Utah P. O. Address

Subscribed and sworn to before me this 12th day of September, 19 42

(SEAL)

Helen G. Kelley

Notary Public, residing at Salt Lake City, Ut.

(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914 Idaho Code Annotated. My Com. expires 12-7-44)

Received for filing on SEP 14 1942 by Mabel E. Lefter Registrar.

SEP 15 1942

SEP 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

993-205003-251

355845

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County... Bannock (b) City... Inkom
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State... Idaho (b) County... Bannock
(c) City... Inkom
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 38 yrs.
3. RESIDENCE OF FATHER (city, state) Inkom, Idaho.

4. FULL NAME OF CHILD... Ella Pearl Richardson

5. Date of Birth of Child
(Month, day, year) April 5, 1910

6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas I. Richardson
11. Color US White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Slaterville, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farming & Stock Raising
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hattie Knapp
17. Color U.S. White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Chestertown, New York
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 31 years, and that Dr. George Cooper (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Richardson Signature

Inkom, Idaho. P. O. Address

Subscribed and sworn to before me this 24th day of March, 1942
(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)
Notary Public, residing at Inkom, Idaho.

Received for filing on SEP 14 1942 by Marj E. Lefers Registrar.

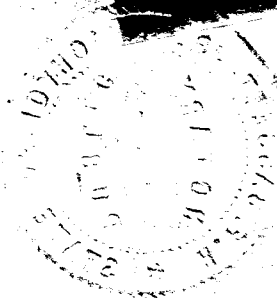
248888

SEP 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

713 107014863

355849

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: 7 years 7 months 7 days
IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD CHARLIE HOLT PATTON
5. Date of Birth of Child (Month, day, year) Oct. 7, 1910
6. Sex Male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME James Arthur Patton
11. Color or Race White 12. Age at time of THIS birth 26 yrs.
13. Birthplace North Carolina (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME MAUDE LOUISE HOLT
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Gravette ARKANSAS (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at Idaho on the date Oct. 7, 1910 and at the place stated above, and that personal particulars were furnished by Maude Patton who is related to this child as Mother (First name) (Last name)
25. Attendant's OWN signature Dr. C. M. Kaley M.D. Idaho Address Caldwell Date Idaho
State of CALIFORNIA County of LOS ANGELES

AFFIDAVIT to be completed when the attendant does not sign in Item 25.
I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for since birth years, and that Dr. C. M. Kaley who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
Maude Louise Case Signature
2105 East Nadeau St., Los Angeles, Calif. P. O. Address
19 42.

Subscribed and sworn to before me this 1st day of SEPTEMBER, 19 42.
Notary Public, residing at Long Beach, Cal.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 2 1942 by Maude Patton Registrar.

SEP 15 1942

SEP 15 1942

DELAYED REGISTRATION LAW

(1937, Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

335-204035-693

United States
Department of Commerce
Bureau of the Census

SEP 14 1942

Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **355873**
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County Nezperce	(b) City Lewiston	(a) State Washington	(b) County Asotin
(c) Street Address or R.F.D. No.....		(c) City Clarkston	
(d) Name of Hospital or Maternity Home: Saint Joseph Hospital,		(d) Street Address or R.F.D. No.....	
(e) Mother's stay BEFORE delivery: $\frac{1}{2}$ day IN THIS county years months days		(e) How long has MOTHER lived in Idaho?..... yrs.	

4. FULL NAME OF CHILD Camille Christine Clemenson	5. Date of Birth of Child 4/4/1910 (Month, day, year)
6. Sex female	8. No. months of Pregnancy 8
7. Twin or Triplet	9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME William M. Clemenson	16. FULL MAIDEN NAME Maude Fitch	17. Color White	18. Age at time of THIS birth 28 1/2 yrs.
11. Color or Race White	12. Age at time of THIS birth 33 yrs.	19. Birthplace Hartford, Michigan (City or town) (State or foreign country)	20. Exact Occupation Housewife
13. Birthplace Minnesota (City or town) (State or foreign country)	21. Industry or Business		
14. Exact Occupation Post-master- Clarkston, WN.			
15. Industry or Business			

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **2**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **born** at **2:00 P.M.** on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by **Maude F. Clemenson** who is related to this child as **Mother** (First name) (Last name)

25. Attendant's OWN signature *Paul F. Schumacher* M.D. Address Date

State of **Oregon** County of **Lane** } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4, above, that I am now **60** years of age, that I have known this person for **32** years, and that (First name) (Last name) who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL) Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

Received for filing on **SEP 14 1942** by *Mary E. Bell*, Registrar.

SEP 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

259-206035-812

United States
Department of Commerce
Bureau of the Census

(Be sure information is as of date of birth of THIS child)

355889

SEP 14 1910

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County My Perce (b) City Clifford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County My Perce
(c) City Clifford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5-0 yrs.
(f) Mother's mailing address Clifford Idaho
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Nettie Marie Berreman
5. Date of Birth (Month, day, year) 5-6-1910
6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Heber M. Berreman
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Mary Haringer
17. Color or Race White 18. Age at time of THIS birth 32 years
19. Birthplace Germany
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead 0 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date and at the place stated above, and that personal particulars were furnished by Mary Berreman who is related to this child as Mother, etc. (First name) (Last name)

26. (a) 1-19 (b) Mary Haringer 25. Attendant's E. E. Hatt M.D. or (D.O., Midwife, etc.)
(Date received) (Signature) (OWN signature) (Date)
27. Given name added on.....by.....
(Registrar's signature) and address

State of Idaho } ss.
County of My Perce

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Berreman, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Nettie Marie Berreman as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended said birth..... and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 2 day of February, 1910 at Lamont Idaho
(SEAL) Philip Haringer Notary Public, residing at.....
CLERK OF THE DISTRICT COURT AND EX-OFFICIO AUDITOR AND RECORDER

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

515-125003 867

355891

United States **Be sure the information is as of date of birth of THIS child** State File No. _____
Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No. _____
Bureau of the Census **SEP 14 1942** STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Pocatello</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Our Residence</u> (e) Mother's stay BEFORE delivery: <u>IN THIS</u> county <u>1</u> years <u>3</u> months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Pocatello</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>One & 1/2</u> yrs.
3. RESIDENCE OF FATHER (city, state) <u>Pocatello, Idaho</u>		

4. FULL NAME OF CHILD Irvin Cloyd Van Dyke, Jr. **5. Date of Birth of Child** Nov. 25, 1910
(Month, day, year)

6. Sex Male **7. Twin or Triplet** _____ **If so—born** 1st, 2nd, 3rd **8. No. months of Pregnancy** 9 **9. Legitimate?** Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Irvin Cloyd Van Dyke</u>	16. FULL MAIDEN NAME <u>Sara Ella Hope</u>	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>31</u> yrs.
11. Birthplace <u>Lewistown Pa.</u> (City or town) (State or foreign country)	19. Birthplace <u>Pomeroy Pa.</u> (City or town) (State or foreign country)	20. Exact Occupation <u>Housewife</u>	21. Industry or Business <u>Housekeeping</u>
12. Age at time of THIS birth <u>37</u> yrs.			
13. Exact Occupation <u>Public School Teacher</u>			
14. Industry or Business <u>Teaching</u>			

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature _____ **M.D. Midwife** _____ **Address** _____ **Date** _____

State of Illinois } **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Piatt } ss.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 32 years, and that Dr. G. B. Steely, who attended this birth is now Deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Irvin C. Van Dyke, Father Signature

La Place ILL. P. O. Address _____

MY COMMISSION EXPIRES APRIL 11, 1942

Subscribed and sworn to before me this 10th. day of September, 1942

(SEAL) E. E. Sawyer Notary Public, residing at La Place, ILL.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 14 1942 by Marj E. Belcher, Registrar.

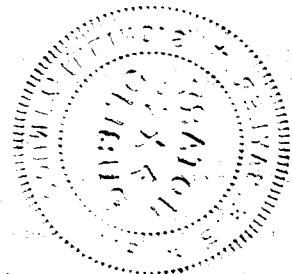
AUG 27 1969

SEP 16 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **355894**

1. PLACE OF BIRTH
County of Lewis
City of Nezperce
No. at farm residence St.

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD DONALD CHRISTIAN DAU

3. Sex male If plural births { 4. Twin, triplet, or other no 5. Number, in order of birth no 6. Premature Full term 7. Legitimate? yes 8. Date of birth August 31st 1920 (Month, Day, Year)

9. Full name George Garfield Dau FATHER
10. Residence (usual place of abode) Nezperce Idaho (If non-resident, give place and State)
11. Color or race white 12. Age at last birthday 29 (years)
13. Birthplace (city or place) Algona, Iowa (State or Country) Garson Co.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____, 19____

18. Full maiden name Bertha M. Koestler MOTHER
19. Residence (usual place of abode) Nezperce Idaho (If non-resident, give place and State)
20. Color or race white 21. Age at last birthday 27 (years)
22. Birthplace (city or place) Bohemia, Wisconsin (State or Country) Richland Co.

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____, 19____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn ✓
29. If stillborn, period of gestation ✓ { months or weeks 30. Cause of stillbirth ✓ { Before labor ✓ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 4:00 p. m. on the date above stated.

(Born Alive or Stillborn)

(Signed) O. J. Jeffreys, M. D.

or _____, Midwife

Address 223 N. Sunnyside Ave. Nezperce Idaho

Filed JUL 30 1920 Registrar Mark J. B. B. B.

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____

(Date of)

32222

CONFIDENTIAL

DELETED

41.4-131031-265

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of _____
County of _____

AFFIDAVIT

ss. (To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

BERTHA M. DAW. being first duly sworn says that
she is the mother of Donald Christian Daw
(Relationship of child)*
born August 31st 1910 at Nezperce, Lewis County, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Donald Christian Daw
hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Jeffries, M. D., was the medical attendant at the birth of said Donald Christian Daw and that the said medical attendant is cannot be located.
(Now deceased (or) cannot be located)

Name of Affiant Bertha M. Daw
P. O. Address Three Hills, Alberta

Subscribed and sworn to before me this 16th day of August, 1941

Walter Kennedy Webb
Notary Public.
Residing at Three Hills, Alberta, Canada, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

my Commission is for life

SEP 16 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

753-212042-612

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **355915**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Anna Marie Petersen

6. Sex F 7. Twin or Triplet Yes If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. **FULL NAME** Harry P. Petersen
11. Color W 12. Age at time of THIS birth 36 yrs.
13. Birthplace Duquoin (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

5. Date of Birth of Child **Sept. 12, 1910**
(Month, day, year)

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Shanna Wadsworth
17. Color W 18. Age at time of THIS birth 26 yrs.
19. Birthplace Duquoin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argysol

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 10 P.M. on the date Aug 18/4 and at the place stated above, and that personal particulars were furnished by Shanna Wadsworth Petersen who is related to this child as mother (First name) (Last name)

25. Attendant's **OWN** signature J. H. Murphy M.D. Address Twin Falls, Ida Date Aug 18/4

State of Idaho County of SS **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that

(First name) (Last name), who attended this birth. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of 19.....

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on by J. H. Murphy, Registrar.

SEP 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

419 127016-962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 11 1942
CERTIFICATE OF BIRTH
STATE OF IDAHO

355916
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Carra (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
my home
(e) Mother's stay BEFORE delivery:
IN THIS county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Carra
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 53 yrs.
3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Rollin Jacob Martin
7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Dec. 27, 1910
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Mores Elmer Martin
11. Color or Race white 12. Age at time of THIS birth 23 yrs.
13. Birthplace Oakley Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Margarett Ruby Robinson
17. Color or Race white 18. Age at time of THIS birth 21 yrs.
19. Birthplace Filmore Utah (City or town) (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of Idaho County of Bingham } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 31 years, and that Dr. Oldham, who attended this birth Cannot be Located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margarett Martin Signature
Blackfoot Idaho R 3 P. O. Address
Subscribed and sworn to before me this _____ day of _____ 1942
(SEAL) _____ Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 11 1942 by M. J. Keeler Registrar.

SEP 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

259 101033-249

United States (Be sure the information is as of date of birth of THIS child) State File No. **355933**
Department of Commerce
Bureau of the Census **SEP 14 1942** **CERTIFICATE OF BIRTH** Local Reg. No.
STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Resburg
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery: _____
IN THIS county years 6 months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Colorado (b) County Conejos
(c) City La Jara Rural
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) La Jara, Colo

4. FULL NAME OF CHILD NEWEL SMITH KNIGHT

5. Date of Birth of Child _____
(Month, day, year) June 1, 1910

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Samuel Knight

11. Color White 12. Age at time of THIS birth 29 yrs.

13. Birthplace Jackson Co. Mississippi
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Betty Leonora Smith

17. Color White 18. Age at time of THIS birth 27 yrs.

19. Birthplace Manassa Colo
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum: _____

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10 A. M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by John S. Knight, who is related to this child as Father (Mother, etc.)
(First name) (Last name)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
Midwife

State of _____ } ss. _____

County of _____ } _____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 32 years, and that Dr. — Demas, who attended this birth is probably deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John S. Knight Signature _____

P. O. Address _____

Subscribed and sworn to before me this 11 day of September, 1942

(SEAL) Charles Bradley Notary Public, residing at La Jara, Colo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 14 1942 by Marjorie E. Baker, Registrar.

SEP 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

318-225025-215

355976

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Rosier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years 5 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Rosier
(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Sylvia Mildred Taylor

5. Date of Birth of Child
(Month, day, year)

Oct 25, 1910

6. Sex Female Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Harold Taylor

11. Color or Race White 12. Age at time of THIS birth 24 yrs.

13. Birthplace New York, New York
(City or town) (State or foreign country)

14. Exact Occupation Civil Engineer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Phoma Lucy Savage

17. Color or Race White 18. Age at time of THIS birth 16 yrs.

19. Birthplace Wildwood Washington
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

25. Attendant's OWN signature _____ (Mother, etc.)

M.D. Midwife

Address

Date

State of California }
County of Fresno } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 31 years, and that

John (First name) Johnson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Phoma Lucy Taylor Motenson Signature

Kingsburg Calif P. O. Address

Subscribed and sworn to before me this 1st day of September, 1942

Commissioner of the State of Idaho Notary Public, residing at Kingsburg

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 16 1942 by Mary E. Miller Registrar.

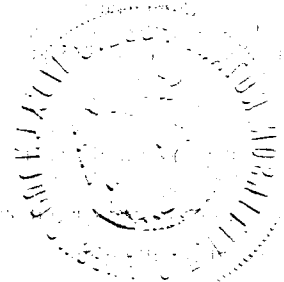
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SEP 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

751-15040-799
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 15 1942
CERTIFICATE OF BIRTH
STATE OF IDAHO

355984
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. 317 Bank Street
(d) Name of Hospital or Maternity Home:
(birth at home)
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years 7 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. 317 Bank Street
(e) How long has MOTHER lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state) Wallace, Idaho

4. FULL NAME OF CHILD William Griffin Gnaedinger
5. Date of Birth of Child (Month, day, year) October 15, 1910
6. Sex male 7. Twin or Triplet XX If so—born 1st, 2nd, 3rd XX
8. No. months of Pregnancy nine 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Ernest George Gnaedinger</u>	16. FULL MAIDEN NAME <u>Alice Gertrude Griffin</u>	17. Color <u>white</u>	18. Age at time of THIS birth <u>28</u> yrs.
11. Birthplace <u>Montreal Quebec Canada</u> (City or town) (State or foreign country)	19. Birthplace <u>Elmvale Ontario Canada</u> (City or town) (State or foreign country)	20. Exact Occupation <u>Mining Engineer</u>	21. Exact Occupation <u>Housewife</u>
22. Name prophylactic used to prevent Ophthalmia Neonatorum	23. Number of children of this mother: (a) At time of birth and including this child <u>three</u> (b) Born alive and now living <u>two</u>	24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)	25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of Idaho } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of Shoshone

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 32 years, and that Doctor E. J. St. Jean who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

E. J. Gnaedinger Signature
Wallace, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of September, 1942
(SEAL) Ray L. Williams Notary Public, residing at Wallace
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 15 1942 by Harry J. ... Registrar.

APR 9 1974

APR 9 1974

SEP 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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757 209 044 345

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

355986

State File No.
Local Reg. No.
Reg. Dist. No.

SEP 14 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 mo. yrs.

4. **FULL NAME OF CHILD** Fern Charlotte Gephart
6. Sex F 7. Twin or Triplet If so, born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho
5. Date of Birth of Child (Month, day, year) Oct 9-1910
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Ledger Franklin Gephart
11. Color or Race W 12. Age at time of THIS birth 28 yrs.
13. Birthplace Valentine, Indiana
(City or town) (State or foreign country)
14. Exact Occupation R.R. Section
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Charlotte Amelichund
17. Color or Race W 18. Age at time of THIS birth 29 yrs.
19. Birthplace Minneapolis, Minn.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho }
County of Osage } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 31 years, and that Dr. Hendley, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Charlotte Gephart Signature
Barnes P. O. Address

Subscribed and sworn to before me this 8 day of Sept, 1942
(SEAL) 3-15-45 J. Fred Stiles Notary Public, residing at Barnes
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-915 Idaho Code Annotated.) Okla

Received for filing on by Mary E. Gephart, Registrar.

SEP 14 1942

SEP 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

355995

1. PLACE OF BIRTH (All items at time of this birth)
 (a) County LATAH (b) City Troy
 (c) Street Address or R.F.D. No. _____
 (d) Name of Hospital or Maternity Home:
at home
 (e) Mother's stay BEFORE delivery:
 IN THIS county 20 years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 (a) State Idaho (b) County Latah
 (c) City Troy,
 (d) Street Address or R.F.D. No.
 (e) How long has **MOTHER** lived in Idaho? 25 yrs.
 3. **RESIDENCE OF FATHER** (city, state) Troy, Idaho

4. FULL NAME OF CHILD GRACE MURIEL GREEN

5. Date of Birth of Child
(Month, day, year) **March 26-1910**

6. Sex Female	7. Twin or Triplet	If so—born 1st. 2nd. 3rd
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8. No. months of Pregnancy 9Mo 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME FRANCIS M. GREEN

11. Color or Race **WHITE** 12. Age at time of THIS birth **48** yrs.

13. Birthplace **WYANDOTTE, KANSAS**
(City or town) (State or foreign country)

14. Exact Occupation **GRAIN DEALER**

15. Industry or Business **same**

MOTHER OF CHILD

16. FULL MAIDEN NAME **RITA CORAL HERBERT**

17. Color or Race **WHITE** 18. Age at time of THIS birth **29** yrs

19. Birthplace SPRINGFIELD, ILLIN
(City or town) (State or foreign country)

20. Exact Occupation **HOUSEWIFE**

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(First name) (Last name)

25. Attendant's **OWN** signature _____ M.D. _____
Midwife _____ Address _____ Date _____

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for all her life years, and that

Dr. J.W. Olson, who attended this birth cannot be located, I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

best of my knowledge, and that I desire to have this birth recorded under
Markus M. Sellers Signature

Troy, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of Sept., 1942
(SEAL) [Signature] Notary Public, residing at Troy, Ida

(SEAL)  Notary Public, residing at Troy, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 15 1964 by 11 and 56 defendant, Registrar.

SEP 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

251-120020231

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Elmore</u> (b) City <u>Glenns Ferry</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Pippy Ethell residence</u> (e) Mother's stay BEFORE delivery: _____ IN THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Elmore</u> (c) City <u>Glenns Ferry</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>25</u> yrs.	
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4. FULL NAME OF CHILD <u>James Theodore Blacksten</u>		5. Date of Birth of Child (Month, day, year) <u>Apr 20 1910</u>	
6. Sex <u>male</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd		9. Legitimate? <u>yes</u>	

FATHER OF CHILD 10. FULL NAME <u>James Clarence Blacksten</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>24</u> yrs. 13. Birthplace <u>Garnett Kansas</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Leona Effie Blackwell</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth _____ yrs. 19. Birthplace <u>Ballwin Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by Glenn Blacksten, who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature Leona Effie Blacksten **Address** Glenns Ferry Idaho **Date** Sept 14, 1942

State of Idaho County of Elmore } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 3-8 years of age, that I have known this person for _____ years, and that D. W. Davis who attended this birth. (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leona Effie Blacksten Signature
Glenns Ferry Idaho P. O. Address

Subscribed and sworn to before me this 14th day of Sept., 1942
(SEAL) Geo. H. Sabatone Notary Public, residing at Glenns Ferry
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code, annotated.)

Received for filing on SEP 15 1942 by Marj. L. Brown, Registrar.

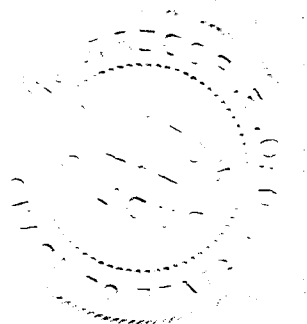
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SEP 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Soldier
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Soldier
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state).....

4. FULL NAME OF CHILD Gladys Ellen Chandler

5. Date of Birth of Child (Month, day, year) July 14, 1910

6. Sex Female **7. Twin or Triplet** Triplet **8. No. months of Pregnancy** 9 **9. Legitimate?** Yes

10. FULL NAME John Taylor Chandler **11. Color or Race** White **12. Age at time of THIS birth** 26 yrs.
13. Birthplace Prosser, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

16. FULL MAIDEN NAME Rhoda Louisa Emerit **17. Color or Race** White **18. Age at time of THIS birth** 21 yrs.
19. Birthplace Townsend, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Idaho **M.D.**.....
Midwife..... **Address**..... **Date**.....
State of.....County of.....} ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person, for since birth years, and that Dr. Johnson, who attended this birth is now deceased, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rhoda Louisa Emerit Chandler Signature
P. O. Address.....

Subscribed and sworn to before me this 14 day of September
(SEAL) Don Johnson Notary Public, residing at Payfield, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 15 1942 by....., Registrar.

SEP 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Star
(c) Street Address or R.F.D. No. neither
(d) Name of Hospital or Maternity Home:
born in home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 32 yrs.

4. FULL NAME OF CHILD

Marie Jane Murray

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Frank Leroy Murray
11. Color or Race white 12. Age at time of THIS birth 34 yrs.
13. Birthplace Pack county Iowa
(City or town) (State or foreign country)
14. Exact Occupation civil engineer
15. Industry or Business as above

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child
(Month, day, year) October 4, 1910

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Elizabeth Stoner
17. Color or Race white 18. Age at time of THIS birth 31 yrs.
19. Birthplace Dallas county Iowa
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nit 1%
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 3 A.M. on the date Sept 21-42 and at the place stated above, and that personal particulars were furnished by S. J. Miller, who is related to this child as (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature S. J. Miller M.D. Midwife Address Song Beach Calif. Date Sept 21-42

State of Calif. County of ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature S. J. Miller
P. O. Address
Subscribed and sworn to before me this day of 19

(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 28 1942 by Mary E. Eder, Registrar.

SEP 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

SEP 17 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Fremont (b) City Wilford
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
None
(e) Mother's stay BEFORE delivery:
IN THIS county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Fremont
(c) City Wilford
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Venna Elizabeth Welker

5. Date of Birth of Child
(Month, day, year) May 30, 1910

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Amos Lisle Welker
11. Color White 12. Age at time of THIS birth 23 yrs.
13. Birthplace Rock Springs, Wyoming
(City or town) (State or foreign country)
14. Exact Occupation Painter & Decorator
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Loretta Smith
17. Color White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Wilford, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Wife and Mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Barac Acid

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 1:30 P.M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Teacher of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 32 years, and that Bele Riggs who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amos L. Welker Signature
St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of Sept, 1942

(SEAL) Orneserrey, Probate Judge Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

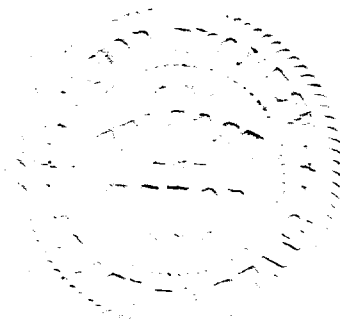
Received for filing on SEP 17 1942 by Mabel Teel Registrar.

SEP 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



SEP 21 1942

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

SEP 17 1942

STATE OF IDAHO

356119

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (a) County <u>Shoshone</u> (b) City <u>T. Collogg</u> (c) Street address or R. F. D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: In Hospital or Maternity Home Days In THIS county years months days		2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State <u>ORE.</u> (b) County <u>MULT.</u> (c) City <u>PORTLAND</u> (d) Street address or R. F. D. No. <u>140 N. SKIDMORE ST.</u> (e) How long has MOTHER lived in Idaho? <u>11</u> yrs. (f) Mother's mailing address (For registration notice): (Street or R. F. D.) (Postoffice)	
3. RESIDENCE OF FATHER (city, state) <u>Kellogg Ida.</u>		5. DATE OF BIRTH (Month, day, year) <u>Jan 28, 1910</u>	
4. FULL NAME OF CHILD <u>Benjamin J. P. Wilson</u>		6. Sex <u>M.</u> 7. Twin or Triplet <u>3</u> 8. No. months of Pregnancy <u>9. Legitimate?</u> <u>YES</u>	
FATHER OF CHILD 10. FULL NAME <u>John E. Wilson</u> 11. Color or Race <u>W.</u> 12. Age at time of THIS birth <u>30</u> yrs. 13. Birthplace <u>Kansas</u> (City or Town) (State or foreign country) 14. Exact Occupation <u>Lead Miner</u> 15. Industry or Business <u>Mining</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary J. Goodwin</u> 17. Color or Race <u>W.</u> 18. Age at time of THIS birth <u>28</u> yrs. 19. Birthplace <u>Cassville</u> <u>MISSOURI</u> (City or Town) (State or foreign country) 20. Exact Occupation <u>HOUSE WIFE</u> 21. Industry or Business <u>OWN HOME</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>AREYOL</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>YES</u> (c) Born alive and now dead <u>1</u> (d) Stillborn			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>Born alive</u> at <u> </u> M. on the date <u> </u> and at the place stated above, and that personal particulars were furnished by <u>MARY JANE Wilson</u> , who is related to this child as <u>Mother</u> (First name) (Last name) (Mother, etc.)			
26. (a) <u>Benjamin J. P. Wilson</u> (Date received) (Registrar's signature)		27. (b) <u>J. R. Mason</u> (Attendant's signature) <u>OWN</u> (D. O., Midwife, etc.)	
27. Given name added on <u>Mary J. P.</u> (Registrar's signature)		and address <u>Kellogg, Ida.</u> Date <u>9/15-42</u>	

SEP 17 1942

SEP 21 1942

LOCAL REGISTRATION OF BIRTHS

DEC 5 1974

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

(b) Labor: Complications: _____

_____ Induced? _____

(c) State all operations for delivery _____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes _____ No _____ Pos. _____ Neg. _____

(e) Signature of Physician: _____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

893 12/029 813

United-States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 17 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

356123
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. No. Hayes St.
(d) Name of Hospital or Maternity Home:
born at home
(e) Mother's stay BEFORE delivery:
IN THIS county 8 years 7 months days
2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. No. Hayes Street
(e) How long has MOTHER lived in Idaho? 8 1/2 yrs.
3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD Roland Obed Hill
5. Date of Birth of Child (Month, day, year) Oct. 21, 1910
6. Sex Male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9 9. Legitimate? Yes.

- FATHER OF CHILD
10. FULL NAME John O. Hill
11. Color White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Lee (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer
- MOTHER OF CHILD
16. FULL MAIDEN NAME Bertha Serena Hall
17. Color White 18. Age at time of THIS birth 37 yrs.
19. Birthplace Sturtegar (City or town) Norway (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child.....7..... (b) Born alive and now living.....7.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date
- State of Idaho County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

- I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 31 1/2 years, and that Carol Thompson who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
- the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs John O Hill Signature
Route 1 Pullman, Washington P. O. Address

- Subscribed and sworn to before me this 21st day of May, 19 42
- (SEAL) Roland Hill Notary Public, residing at Moscow, Idaho
- (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....by Mrs J. E. Hill Registrar.

SEP 17 1942

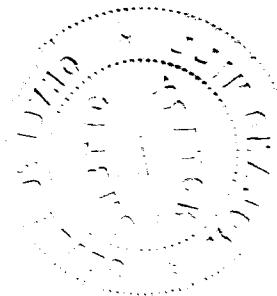
NOV 28 1961

SEP 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

658-216 001-356

356126

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>ADA</u> (b) City <u>BOISE</u> (c) Street Address or R.F.D. No. <u>SOUTH BOISE</u> (d) Name of Hospital or Maternity Home: <u>AT HOME</u> (e) Mother's stay BEFORE delivery: <u>4</u> years <u>10</u> months <u>10</u> days IN THIS county		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>ADA</u> (c) City <u>BOISE</u> (d) Street Address or R.F.D. No. <u>SOUTH BOISE</u> (e) How long has MOTHER lived in Idaho? <u>20</u> yrs.	
4. FULL NAME OF CHILD <u>HAZEL ELLEN FEYRELL</u>		5. Date of Birth of Child (Month, day, year) <u>JUNE 16, 1910</u>	
6. Sex <u>FEMALE</u> 7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>NINE</u> 9. Legitimate? <u>YES</u>	
FATHER OF CHILD 10. FULL NAME <u>JAMES GLENDROYE FEYRELL</u> 11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>22</u> yrs. 13. Birthplace <u>CLARK COUNTY, KANSAS</u> (City or town) (State or foreign country) 14. Exact Occupation <u>TEAMSTER</u> 15. Industry or Business <u>INDUSTRY</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>MADA MYRTLE LEWIS</u> 17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth <u>20</u> yrs. 19. Birthplace <u>PAYETTE, IDAHO</u> (City or town) (State or foreign country) 20. Exact Occupation <u>HOUSEWIFE</u> 21. Industry or Business <u>INDUSTRY</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. <u>NONE</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at A M. on the date June 16, 1910 and at the place stated above, and that personal particulars were furnished by me, who is related to this child as (Mother, etc.)

25. Attendant's OWN signature [Signature] **M.D.** [Signature] **Address** [Address] **Date** [Date]
State of Washington } **ss.** **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Yakima

I, the undersigned, being first duly sworn, say that I am the midwife of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that [Signature], who attended this birth.

(First name) (Last name) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Stella M. Bowles Signature
Willah Wash P. O. Address

Subscribed and sworn to before me this 9th day of September, 1910

(SEAL) [Signature] Notary Public, residing at [Address]
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, annotated.)

Received for filing on [Date] by [Signature], Registrar.

SEP 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

399-219016-813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 17 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

356132

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery
IN THIS county years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 11 mos.

3. RESIDENCE OF FATHER (city, state) Oakley, Idaho

5. Date of Birth of Child
(Month, day, year) Feb. 19, 1910

4. FULL NAME OF CHILD Jessie Louise Critchfield

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Eugene Critchfield
11. Color White 12. Age at time of THIS birth 19 yrs.
13. Birthplace Oakley, Idaho
(City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Vera Jane Hall
17. Color white 18. Age at time of THIS birth 18 yrs.
19. Birthplace Ophir, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California }
County of San Diego } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 32 years, and that Ernest Oldham, who attended this birth is now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Jane Hall Critchfield Signature
1310 E. 60th St, Los Angeles Cal. P. O. Address

Subscribed and sworn to before me this 12th day of September, 19 42

(SEAL)

Notary Public, residing at Oceanside

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 17 1942 by Mary M. Gorman Registrar.

SEP 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

912-211040-141

356133

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County SHOSHONE (b) City Kellogg, Idaho
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
No Hospital
(e) Mother's stay BEFORE delivery:
IN THIS county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County.....
(c) City Kellogg
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 20 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Anna Loretta Rabichaud
5. Date of Birth of Child
(Month, day, year) April-11-1940

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate?

- FATHER OF CHILD**
10. **FULL NAME** Thomas Rabichaud
11. Color white 12. Age at time of THIS birth 25 yrs.
13. Birthplace Port Kent Maine
(City or town) KENT (State or foreign country)
14. Exact Occupation Woodman
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Ruth Lillie Adams Now
17. Color Rabichaud 18. Age at time of THIS birth 17 yrs.
19. Birthplace Minnesota
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Bonner } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mrs. Ruth Odell of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for.....years, and that....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 10th day of July, 1942.
(SEAL) R. E. McLean Notary Public, residing at Priest River, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-814, Idaho Code Annotated.)

Received for filing on SEP 19 1942 by Mary E. E. E. Registrar.

SEP 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if ~~neither father or mother of the child is living or accessible~~, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

362-224006-657

357127

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

SEP 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Moulton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Moulton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Hazel Elizabeth Cobbley
5. Date of Birth of Child (Month, day, year) June 24, 1910
6. Sex Female 7. Twin or Triplet Triplet If 1st born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Ernest S Cobbley
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace London Utah (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Annie Ward
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Heasbrook Utah (City or town) (State or foreign country)
20. Exact Occupation (Deceased)
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 10³⁰ P. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Ernest S Cobbley, who is related to this child as Father. (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign
County of Custer in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 32 years, and that Hammond Hammond Hammond who attended this birth. Is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ernest S Cobbley Signature
Challis Idaho P. O. Address
Subscribed and sworn to before me this 17th day of September, 19 42
(SEAL) Chas I Anderson Notary Public, residing at American Fork, Ut
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 21 1942 by Marj L. Fisher, Registrar.

SEP 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

219 209014 643

United States (Be sure the information is as of date of birth of THIS child) State File No. 357133
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Parma
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN THIS county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Rita May Barth
5. Date of Birth of Child (Month, day, year) Jan. 9, 1910

6. Sex female 7. Twin or Triplet neither If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Gus Adolph Barth
11. Color or Race white 12. Age at time of THIS birth 41 yrs.
13. Birthplace Chelsea Michigan (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Lottie Abigail Fulton
17. Color or Race white 18. Age at time of THIS birth 31 yrs.
19. Birthplace Williamston Michigan (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Canyon

AFFIDAVIT to be completed when the attendant does not sign in Item 25.
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 30 years, and that did not have doctor who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bobbie P. A. Barth Signature
Parma Idaho P. O. Address
Subscribed and sworn to before me this 17 day of Sept. 1942
(SEAL) Howard L. Packard Notary Public, residing at Parma Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on SEP 22 1942 by Mary E. E. E. Registrar.

SEP 23 1942

APR 28 1951

OCT 28 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

155-220018-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

357140

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Clearwater City Dent
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
At home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State 12 (b) County 8
(c) City Dent
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 12 years

3. RESIDENCE OF FATHER (city, state) Dent Id

4. FULL NAME OF CHILD

Hazel Pearl Jenks

5. Date of Birth of Child

(Month, day, year) Sept. 20, 1910

6. Sex Fem

7. Twin or
Triplet No

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Henry Dent Jenks
11. Color White 12. Age at time
or Race White of THIS birth 40 yrs.
13. Birthplace Astoria Oregon
(City or town) (State or foreign country)
14. Exact
Occupation Farmer
15. Industry or
Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Starr
17. Color White 18. Age at time
or Race White of THIS birth 27 yrs.
19. Birthplace Milton Penn
(City or town) (State or foreign country)
20. Exact
Occupation Housewife
21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.
Midwife

Address

Date

State of Idaho } ss.
County of Lewis

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that
Mrs Jennie Lawrence (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Edna Starr Liverson Signature
Kamiah Idaho P. O. Address

Subscribed and sworn to before me this 13 day of June, 1942.

(SEAL)

Edna Starr Liverson Notary Public, residing at Kamiah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on

SEP 18 1942

by

Mary E. Nelson

Registrar.

SEP 23 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

255-217016-855

357141

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census SEP 21 1942 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: at resident
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Burley (b) County Cassia
(c) City Idaho
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 3 yrs.

4. FULL NAME OF CHILD Otha Minnie Bennett 5. Date of Birth of Child (Month, day, year) Nov 17 1910
6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME David Earl Bennett 16. FULL MAIDEN NAME Fannie Lenora Henderson
11. Color or Race white 12. Age at time of THIS birth 26 yrs. 17. Color or Race white 18. Age at time of THIS birth 18 yrs.
13. Birthplace Deseret, Utah (City or town) (State or foreign country) 19. Birthplace Blackshear, Georgia (City or town) (State or foreign country)
14. Exact Occupation Construction work 20. Exact Occupation Housewife
15. Industry or Business _____ 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was 10:45 A. at _____ M. on the date _____ (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 50 years of age, that I have known this person for 31 years, and that Dr. J. G. Patterson is deceased who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fannie Lenora Henderson Bennett Signature

Subscribed and sworn to before me this 21st day of September, 1942
(SEAL) Marion E. Orr Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-91, Idaho Code Annotated.)

Received for filing on _____ by Mary E. Blaker, Registrar.

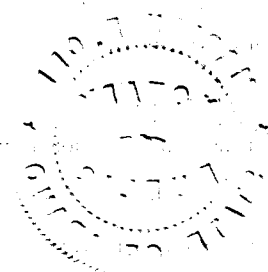
SEP 21 1942

SEP 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

432 103044 437

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **357172**
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 915 W 3d St
(d) Name of Hospital or Maternity Home: St Josephine Hospital
(e) Mother's stay BEFORE delivery:
IN THIS county 14 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. 915 W - 3d St
(e) How long has MOTHER lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Donald Duff McKee

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year)

Feb 3 - 1910

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME

Frank McKee

11. Color or Race

White

12. Age at time of THIS birth

34 yrs.

13. Birthplace

Marion Center Pa.
(City or town) (State or foreign country)

14. Exact Occupation

Printer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Veronica McPherson

17. Color or Race

White

18. Age at time of THIS birth

30 yrs.

19. Birthplace

Tehachapi California
(City or town) (State or foreign country)

20. Exact Occupation

House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature

M.D. Address

Date

State of Idaho } ss.
County of NezPerce

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 62 years of age, that I have known this person for 32 years, and that Numbers John R, who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 135, 1937 Session Laws.

Veronica McKee

Signature

Subscribed and sworn to before me this 24th day of August 1942

(SEAL)

John H. Wood

Notary Public, residing at Cawston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, annotated.)

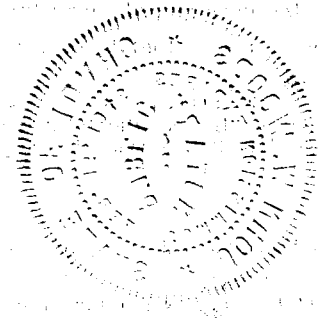
Received for filing on AUG 26 1942 by Mary E. Blum, Registrar.

SEP 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

357197

Local Reg. No.

Reg. Dist. No.

SEP 22 1942
STATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (At time of this birth)

(a) County Rooten (b) City Harrison

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

Mrs. Dake Maternity Home

(e) Mother's stay BEFORE delivery:

IN THIS county years months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Shoshone

(c) City Kingston

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Kingston IDA

4. FULL NAME OF CHILD

Victory Albert HolZendorf

5. Date of Birth of Child

(Month, day, year) Jan. 21, 1940

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME ALBERT Victor HolZendorf

11. Color or Race White 12. Age at time of THIS birth 35 yrs.

13. Birthplace Berlin Germany
(City or town) (State or foreign country)

14. Exact Occupation timber Contractor

15. Industry or Business Logging

MOTHER OF CHILD

16. FULL MAIDEN NAME Tillie Sophia Lather

17. Color or Race White 18. Age at time of THIS birth 36 yrs.

19. Birthplace Faerette Iowa
(City or town) (State or foreign country)

20. Exact Occupation

21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D. Address
Midwife

Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 32 years, and that

Dr. John Busby, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Tillie Sophia HolZendorf Signature

Kingston Idaho P. O. Address

Subscribed and sworn to before me this 21st day of Sept, 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

Notary Public, residing at Kingston

Received for filing on SEP 22 1942 by Mary E. Belsky, Registrar.

APR 6 1960

SEP 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

357237

731-231028-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....

Local Reg. No.....

Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Kootenai (b) City St. MARIES
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
AT HOME
(e) Mother's stay BEFORE delivery:
IN THIS county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State IDAHO (b) County Kootenai
(c) City St. MARIES
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) St. MARIES IDA**4. FULL NAME OF CHILD** NORMA FRANCES PLATNER

5. Date of Birth of Child
(Month, day, year) MAR. 21, 1910

6. Sex GIRL 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME ROY M PLATNER
11. Color or Race WHITE 12. Age at time of THIS birth 30 yrs.
13. Birthplace RELIQUA IOWA
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MAMIE E. PETTYS
17. Color or Race WHITE 18. Age at time of THIS birth 29 yrs.
19. Birthplace FERGUS FALLS MINN.
(City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Nez Perce ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that

C. J. KINSOLVING, who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 129, 1937 Session Laws.

Subscribed and sworn to before me this 14 day of May, 1911.

(SEAL)

C. P. Hinkle Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 22 1942 by Mamie E. Pettys, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

676-104044-673

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **357238**
Local Reg. No.
Reg. Dist. No.

SEP 22 1942

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Wash (b) City Weiser
(c) Street Address or R.F.D. No. 322 W. Court
(d) Name of Hospital or Maternity Home: Weiser Gen. Hospital
(e) Mother's stay **BEFORE** delivery: 1 1/2 years 1 1/2 months 1 days
IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Payette Ida

4. FULL NAME OF CHILD Laurence Leslie Zifer

5. Date of Birth of Child (Month, day, year) Nov. 4th 1910

6. Sex male **7. Twin or Triplet** If so born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9. Legitimate?** X

FATHER OF CHILD

10. FULL NAME Delbert Zifer
11. Color or Race white **12. Age at time of THIS birth** 24 yrs.
13. Birthplace Boz lodge Montana (City or town) (State or foreign country)
14. Exact Occupation Candy maker
15. Industry or Business Confectionary Store

MOTHER OF CHILD

16. FULL MAIDEN NAME Laurel Eunice Wickiser
17. Color or Race white **18. Age at time of THIS birth** 24 yrs.
19. Birthplace Blair Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related to this child as (Mother, etc.)

25. Attendant's OWN signature **M.D. Midwife Address** **Date**

State of Idaho }
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 22 years, and that Dr. C.C. Corant (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laurel Eunice Gorman Signature
1042 Benningth Ave, San Jose, Cal. P. O. Address

Subscribed and sworn to before me this 22nd day of Sept. 1942

(SEAL)

Notary Public, residing at Weiser, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **SEP 22 1942** by Mabel Zifer Registrar.

DEC 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215-207-009-249

357261

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
SEP 9 1942
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Banner (b) City Sandpoint
(c) Street Address or R.F.D. No. Country - No Route
(d) Name of Hospital or Maternity Home: Necker

(e) Mother's stay BEFORE delivery:

IN THIS county 3 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Banner
(c) City Sandpoint
(d) Street Address or R.F.D. No. Country - No Route
(e) How long has MOTHER lived in Idaho? 3 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Sandpoint, Ida.

4. FULL NAME OF CHILD

Lillian Irene Banker

5. Date of Birth of Child

(Month, day, year) 7-2-19106. Sex Female

7. Twin or Triplet

If so—born
1st, 2nd, 3rd8. No. months
of Pregnancy 99. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Harvey Lee Banker

11. Color or Race

White

12. Age at time

of THIS birth 28 yrs.

13. Birthplace

Richland WaterWisconsin

(City or town)

(State or foreign country)

14. Exact Occupation

Logger

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Sarah Lucretia Smith

17. Color or Race

White

18. Age at time

of THIS birth 31 yrs.

19. Birthplace

Near MontrealCanada

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

(Mother, etc.)

25. Attendant's
OWN signatureM.D.
Midwife Address

Date

State of WashingtonCounty of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 32 years, and thatMrs. Mary Smith who attended this birth Cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harvey Lee Banker Signature3 Finke, Estacada, Oregon P. O. AddressSubscribed and sworn to before me this 8th day of September, 19 42

(SEAL)

L. H. ReleaseNotary Public, residing at Vancouver,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

SEP 9 1942

by

Maury B. Belser

Registrar.

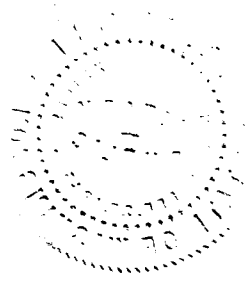
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

365-203006 466

357283

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

SEP 21 1942
CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At own home
(e) Mother's stay **BEFORE** delivery: 2 years 4 months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
3. **RESIDENCE OF FATHER** (city, state) Blackfoot Idaho.

4. **FULL NAME OF CHILD** Bertha Jennifaye Conger 5. Date of Birth of Child, Idaho.
(Month, day, year) June 3, 1910

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William James Conger
11. Color White 12. Age at time of THIS birth. 27 yrs.
13. Birthplace Evanston, Wyoming
(City or town) (State or foreign country)
14. Exact Occupation Clerk in Grocery Store
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet Rosanna Moore
17. Color White 18. Age at time of THIS birth. 23 yrs.
19. Birthplace Eagle Rock, Idaho.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 31 years, and that Dr. Mitchell who attended this birth Cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriet Moore Conger Signature
Victor, Idaho. P. O. Address

Subscribed and sworn to before me this 18th day of September, 19 42

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public, residing at Pocatello, Idaho

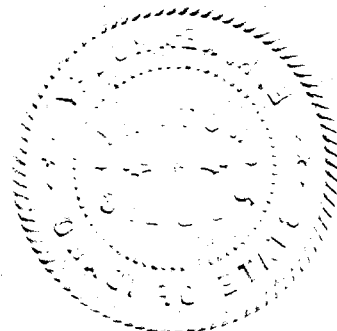
Received for filing on by Mabel E. Blahen, Registrar.

SEP 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

362 118010 962

357303

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

SEP 22 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls, Ida
(c) Street Address or R.F.D. No. L. Street
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. L. Street
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Edward Thomas Tobin
5. Date of Birth of Child (Month, day, year) Oct. 18, 1910.
6. Sex Male 7. Twin or Triplet ---- If so—born 1st, 2nd, 3rd ---- 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** John Thomas Tobin
11. Color or Race Anglo-Saxon 12. Age at time of THIS birth 27 yrs.
13. Birthplace Salem, Massachusetts.
(City or town) (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business General Store

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Lillian Ross
17. Color or Race Anglo-Saxon 18. Age at time of THIS birth 20 yrs.
19. Birthplace Nova Scotia, Canada.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -----

22. Name prophylactic used to prevent Ophthalmia Neonatorum -----
23. Number of children of this mother: (a) At time of birth and including this child TWO (b) Born alive and now living TWO

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)
25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____

State of Idaho.
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that Rosanna Denning, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian Ross Tobin. Signature
559 M. Street-Idaho Falls, Idaho. P. O. Address

Subscribed and sworn to before me this 22nd day of September, 19 42.

(SEAL) _____ Notary Public residing at Idaho Falls, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 22 1942 by Mary J. [Signature] Registrar.

SEP 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

553116-029-168
United States
Department of Commerce
Bureau of the Census

SEP 25 1942
Secure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

357334
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Residence
(e) Mother's stay **BEFORE** delivery: 27 years 1 months 1 days
IN THIS county

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 59 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Ernest Vernon Nelson
5. Date of Birth of Child (Month, day, year) Oct. 16, 1910
6. Sex Male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Adrian Nelson
11. Color White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Oeland Sweden
(City or town) (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Tilda Maria Johnson
17. Color White 18. Age at time of THIS birth 33 yrs.
19. Birthplace St. James, Minnesota
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Latah }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that Dr. C. L. Gritman, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Tilda Maria Nelson Signature
Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of September, 1942

(SEAL) Adrian Nelson Notary Public, residing at Moscow, Idaho.
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 25 1942 by Mary E. Eifer, Registrar.

188788
SEP 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1937

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

243-125010-312

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

357349
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery: Approximately
IN THIS county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Ida.

5. Date of Birth of Child
(Month, day, year) May 25, 1910.

4. FULL NAME
OF CHILD Chester Butler.

6. Sex Male 7. Twin or Triplet
If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph William Butler
11. Color White 12. Age at time of THIS birth 41 yrs.
13. Birthplace Salt Lake City, Utah
(City or town) (State or foreign country)
14. Exact Occupation Ranching
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Charlotte Castle
17. Color White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Lyman, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bonneville ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for life years, and that a woman (Name forgotten), who attended this birth probably deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charlotte Butler Signature
142- 15th St. Idaho Falls, Ida. P. O. Address
Subscribed and sworn to before me this 19th day of August, 19 42.

(SEAL) W. C. Brown Notary Public, residing at Idaho Falls, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 24 1942 by Mabel E. ... Registrar.

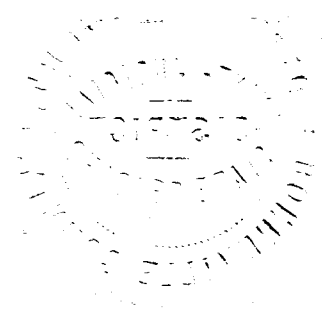
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SEP 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 181, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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719 219 003-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 24 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 357352
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Pocatello Hospital
(e) Mother's stay BEFORE delivery:
IN THIS county years months 30 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 30 days

4. FULL NAME OF CHILD

Peggy Parry

6. Sex Female 7. Twin or Triplet Triplet 8. so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) June 19, 1910

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Louis Parry
11. Color or Race white 12. Age at time of THIS birth 23 yrs.
13. Birthplace Tooele, Utah
(City or town) (State or foreign country)
14. Exact Occupation Bookkeeper
15. Industry or Business O.S.L. R.R.

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Harper
17. Color or Race white 18. Age at time of THIS birth 21 yrs.
19. Birthplace Bennett, Nebraska
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife Address

Date

State of Wyoming } ss.
County of Carbon

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for _____ years, and that O. B. Steeley, who attended this birth as far as I know I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Parry

Signature

P.O. Box 144, Rawlins, Wyoming

P. O. Address

Commission Expires February 3, 1944

Subscribed and sworn to before me this 21 day of September, 19 42.

(SEAL)

Notary Public, residing at Rawlins, Wyo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

by

Registrar.

SEP 24 1942

SEP 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

849 126 028-289

357353

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

SEP 25 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
at home of mother
(e) Mother's stay BEFORE delivery:
IN THIS county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Wash. (b) County Spokane
(c) City Spokane
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 3 months

3. RESIDENCE OF FATHER (city, state) Spokane, Id.
5. Date of Birth of Child Feb 26th 1910
(Month, day, year)

4. FULL NAME OF CHILD

George Blake Quinn

6. Sex Boy 7. Twin or Triplet If so—born 1st, 2nd, 3rd 26

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Blake Peter Quinn
11. Color white 12. Age at time or Race American of THIS birth 32 yrs.
13. Birthplace Buffalo, New York
(City or town) (State or foreign country)
14. Exact Occupation office clerk
15. Industry or Business Creamery

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Amelia Shrope
17. Color white 18. Age at time or Race American of THIS birth 20 yrs.
19. Birthplace Stangley, Iowa
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of CALIFORNIA County of SAN FRANCISCO ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that Mrs. Woods, who attended this birth cannot be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires November 20, 1943

Subscribed and sworn to before me this 21st day of Sept. 1942

(SEAL) Marion M. Bender Notary Public, residing at 350 Geary St. SAN FRANCISCO CALIFORNIA

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) SAN FRANCISCO CALIFORNIA

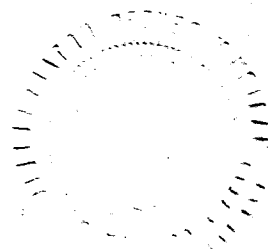
Received for filing on SEP 25 1942 by Marion M. Bender Registrar.

SEP 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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285-221016-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 25 1942 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

357365
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Almo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 23 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Almo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Almo, Id.

4. **FULL NAME OF CHILD** Cecill Helen Sheridan
5. Date of Birth of Child
(Month, day, year) 21 Jan. 1910
6. Sex F. 7. Twin or Triplet NONE If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Reg. 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Cecil A. Sheridan
11. Color or Race Wh. 12. Age at time of THIS birth 32 yrs.
13. Birthplace Illinois
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Eva Elizabeth Johnston
17. Color or Race Wh. 18. Age at time of THIS birth 31 yrs.
19. Birthplace Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No record
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Annie Green- midwife now deceased M.D. Address Date

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Cassia

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 32 years, and that Mrs. Annie Green who attended this birth is dead I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva Elizabeth Sheridan Signature

Almo, Idaho. P. O. Address

Subscribed and sworn to before me this 17 day of September, 19 42

(SEAL) Henry W. Tucker Notary Public, residing at Burley, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 25 1942 by Marjorie E. Bell Registrar.

DEC 13 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

281 130-022-133

United States
Department of Commerce
Bureau of the Census

SEP 25 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

357367
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: -

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME OF CHILD

Alden Tillman Sharp

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Lavator Sharp
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Sevierville, Tenn.
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jolia Alice Allen
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Sevierville, Tenn.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 5N
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Oliver at Ashton on the date Sept 24 (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Jolia Alice Sharp who is related to this child as Mother (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature E. L. Hargis M.D. Midwife Address Ashton Date 9-25-42

State of Idaho County of Idaho SS. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Attendant of the person whose name appears in Item 4, above, that I am now 30 years of age, that I have known this person for 30 years, and that Jolia Alice Sharp who attended this birth Sept 24 I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address

Subscribed and sworn to before me this 25 day of Sept, 1942

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on SEP 25 1942 by Harold E. Hargis Registrar.

DEC 7 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

386-103029 942

357383

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of the birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. Washington St
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 8 years 1 months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. Washington
(e) How long has **MOTHER** lived in Idaho 5 yrs. 1 mo. 15 day

4. **FULL NAME OF CHILD** Samuel George Thompson
5. Date of Birth of Child June 3-1910
(Month, day, year)
6. Sex male 7. Twin or Triplet turn If so—born 1st, 2nd, 3rd 2nd
8. No. months of Pregnancy 9mo 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Ashton I. Thompson
11. Color or Race white 12. Age at time of THIS birth 42 yrs.
13. Birthplace Darlington Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Georgianna Russell
17. Color or Race white 18. Age at time of THIS birth 35 yrs.
19. Birthplace Gratiot Wis
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wisconsin } ss. **AFFIDAVIT** to be completed when the attendant does not sign
County of La Crosse in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears
in Item 4 above, that I am now 75 years of age, that I have known this person for 32 years, and that
Dr. Carithen who attended this birth cannot be located I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

L. H. WILSON, Notary Public
La Fayette Co., Wisconsin
My Commission Expires Sept. 2, 1943

Subscribed and sworn to before me this 24 day of September, 1942.
(SEAL) L. H. Wilson Notary Public, residing at Darlington Wis
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-97, Idaho Code Annotated.)

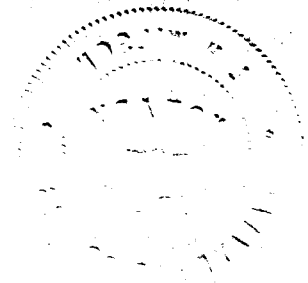
Received for filing on SEP 26 1942 by Marj 26 1942 Registrar.

SEP 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



289 127042 691

357384

United States
Department of Commerce
Bureau of the Census

SEP 25 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County TWIN FALLS (b) City BUHL
(c) Street Address or R.F.D. No. 4
(d) Name of Hospital or Maternity Home:
PRIVATE HOME
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years 4 months 12 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County TWIN FALLS
(c) City BUHL
(d) Street Address or R.F.D. No. 4
(e) How long has **MOTHER** lived in Idaho? 34 yrs.
3. **RESIDENCE OF FATHER** (city, state) BUHL IDAHO

4. **FULL NAME OF CHILD** FRANKLIN NATHAN SQUIRES
5. Date of Birth of Child
(Month, day, year) 8-27-1910
6. Sex MALE 7. Twin or Triplet NEITHER If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** FRANKLIN HENRY SQUIRES
11. Color or Race WHITE 12. Age at time of THIS birth 52 yrs.
13. Birthplace ROCKFORD MICHIGAN
(City or town) (State or foreign country)
14. Exact Occupation HORTICULTURIST
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EUPHRASIA ELEANOR
17. Color or Race WHITE 18. Age at time of THIS birth 38 yrs.
19. Birthplace FARMINGTON WISCONSIN
(City or town) (State or foreign country)
20. Exact Occupation TEACHER
21. Industry or Business EDUCATION

22. Name prophylactic used to prevent Ophthalmia Neonatorum SILVER NITRATE
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE 5-P M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by EUPHRASIA E. SQUIRES who is related to this child as MOTHER (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature MD. DECEASED M.D. Midwife Address BUHL IDAHO Date

State of IDAHO
County of TWIN FALLS } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4 above, that I am now 69 years of age, that I have known this person for 32 years, and that A.F. McCLUSKY MD. who attended this birth. DECEASED I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Euphrasia E. Squires Signature

P. O. Address

Subscribed and sworn to before me this 24 day of September 1942

(SEAL)

Notary Public, residing at BUHL IDA

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 25 1942 by Mabel E. Beeson, Registrar.

SEP 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

168-229016-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **357407**
Local Reg. No.
Reg. Dist. No.

SEP 28 1942

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Cassia** (b) City **Milner**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county **4** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Cassia**
(c) City **Milner**
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? **4** yrs.

3. RESIDENCE OF FATHER (city, state) **Milner Idaho**

4. FULL NAME OF CHILD **Theresa Carolyn Johnston**

6. Sex **Female** **7. Twin or Triplet** **8. No. months of Pregnancy **9mo.**** **9. Legitimate? **Yes****

FATHER OF CHILD
10. FULL NAME **Johnston, Richard Frank**

11. Color or Race **White** **12. Age at time of THIS birth **34** yrs.**

13. Birthplace **North Carolina**
(City or town) (State or foreign country)

14. Exact Occupation **Miner**

15. Industry or Business **Mining**

MOTHER OF CHILD
16. FULL MAIDEN NAME **Stampfel, Jeanette Magdalyn**

17. Color or Race **White** **18. Age at time of THIS birth **24** yrs.**

19. Birthplace **Minneminee, Michigan**
(City or town) (State or foreign country)

20. Exact Occupation **Housewife**

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **4 (b) Born alive and now living **4****

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **at** **M. on the date**
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by **who is**
(First name) (Last name)
related to this child as
(Mother, etc.)

25. Attendant's OWN signature **M.D. Midwife** **Address** **Date**

State of **California** } ss.
County of **Los Angeles**

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4, above, that I am now **56** years of age, that I have known this person for years, and that **Patterson** who attended this birth **Cannot be located** I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jeanette Magdalyn Stampfel Johnston
416 1/4 North Norton, Los Angeles, California P. O. Address

Subscribed and sworn to before me this **26** day of **September**, **1942**

(SEAL)

Walter C. Peterson Notary Public, residing at **Los Angeles, California**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) **California**

Received for filing on **SEP 28 1942** by *Mabel E. Bluff* Registrar.

SEP 29 1942

MAR 15 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-201032-393

357408

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Lincoln (b) City Windell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at home

(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Lincoln
(c) City Windell
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 8 yrs.3. RESIDENCE OF FATHER (city, state) 1-6 months4. FULL NAME OF CHILD Marie Olive Hargrave

6. Sex Girl 7. Twin or Triplet
If so born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) 9-1-19108. No. months of Pregnancy 9-2 1/2 9. Legitimate?

FATHER OF CHILD

10. FULL NAME Farland Charles Hargrave11. Color or Race White 12. Age at time of THIS birth 31 yrs.13. Birthplace Smithville Kentucky
(City or town) (State or foreign country)14. Exact Occupation Cook

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sophronia Ann Titus17. Color or Race White 18. Age at time of THIS birth 9-9 months yrs.19. Birthplace Pasadena Washington
(City or town) (State or foreign country)20. Exact Occupation Waitress until married21. Industry or Business aid her House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 11 P.M. on the date

and at the place stated above, and that personal particulars were furnished by Mrs. Ed Deerr, who is
related to this child as Father
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature [Signature] M.D. Midwife Address Date

State of Nevada County of Washoe } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person since birth and that

Doctor (?) Lamb, who attended this birth cannot be located. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC
for the County of Washoe
STATE OF NEVADA

My commission expires April 14, 1949

Subscribed and sworn to before me this 25th day of September, 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 28 1942 by Marie J. [Signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

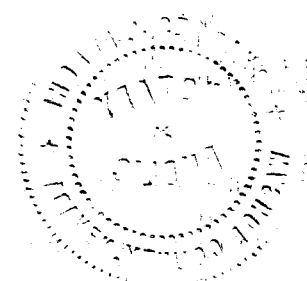
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SEP 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

437121020-364

357429

357429

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

SEP 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Elmore (b) City Mt. Home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years 1 months 21 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home Ida.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

4. **FULL NAME OF CHILD** Edward Souther Mc Guire
6. Sex Male 7. Twin or Triplet Twin If so, born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Mt. Home Ida.
5. Date of Birth of Child (Month, day, year) Jul 21, 1910
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Nenny F. Mc Guire
11. Color or Race white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Indian Springs Mo. (City or town) (State or foreign country)
14. Exact Occupation Sawtaker of City Park
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Anita Pearl Coulter
17. Color or Race white 18. Age at time of THIS birth 27 yrs.
19. Birthplace East Grand Forks Minn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature..... M.D. Midwife Address..... Date.....

State of Idaho
County of Elmore } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that Anita Honga (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anita Pearl Mc Guire Signature
Mountain Home, Ida. P. O. Address

Subscribed and sworn to before me this 16 day of September 1942
(SEAL) James A. Neice Notary Public, residing at Elmore, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 19 1942 by Mary E Elder, Registrar.

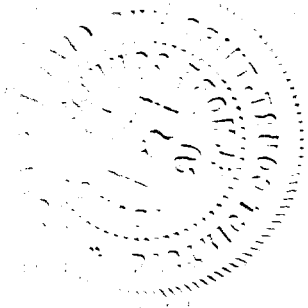
SEP 30 1942

DEC 1 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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357438

357438

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No. Hill Street
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
IN THIS county years 8 months 27 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Hill Street
(e) How long has MOTHER lived in Idaho? 8 mo. 27 days

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Idaho

4. FULL NAME OF CHILD

Wayne Howard Farley

5. Date of Birth of Child

(Month, day, year) April 23, 1910

6. Sex

male

Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Byron Wayne Farley

11. Color or Race

white

12. Age at time of THIS birth 26 yrs.

13. Birthplace

Melvern

Kansas

14. Exact Occupation

bookkeeper

15. Industry or Business

furniture business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Katherine Elizabeth Basinger

17. Color or Race

white

18. Age at time of THIS birth 24 yrs.

19. Birthplace

Rogers

Arkansas

20. Exact Occupation

housewife

21. Industry or Business

housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date April 23, 1910 (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by at M. who is related to this child as at (First name) (Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho }
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that Myronard, Mr. Nina, who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937-Session Laws.

Subscribed and sworn to before me this 3 day of October, 1942

(SEAL)

Gen. L. Simpson

Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

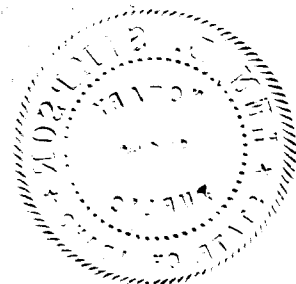
Received for filing on OCT 5 1942 by Mauri F. Edder, Registrar.

OCT 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

814 103004-395

357502

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

SEP 22 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
At home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 30 years 2 months 28 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** David Olean Hauck
5. Date of Birth of Child
(Month, day, year) Nov. 3, 1910
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Charles Henry Hauck
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Brigham City, Utah
(City or town) (State or foreign country)
14. Exact Occupation Railroad Engineer
15. Industry or Business U. P. R. R.
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Priscilla Jane Lindsay
17. Color or Race White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Georgetown, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum: 1% Argemone Retinae
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10 P.M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Priscilla J. Hauck, who is
related to this child as Mother 4691 East Palmway Dr.
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature [Signature] M.D. [Signature] Address Don Diego Cafe Date Sept 15-42
Midwife

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 22 1942 by Mabel E. [Signature], Registrar.

OCT 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

993-226 020 981
United States (Be sure the information is as of date of birth of THIS child) State File No. 357524
Department of Commerce SEP 30 1942 CERTIFICATE OF BIRTH
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ELMORE (b) City GLENNS FERRY
(c) Street Address or R.F.D. No. GENERAL POST OFFICE
(d) Name of Hospital or Maternity Home:
BORN AT HOME - RESIDENCE.
(e) Mother's stay BEFORE delivery:
IN THIS county ONE years TWO months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ELMORE
(c) City GLENNS FERRY
(d) Street Address or R.F.D. No. GENERAL POST OFFICE
(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) GLENNS FERRY

4. FULL NAME OF CHILD MARGUERITA RICKARD

5. Date of Birth of Child (Month, day, year) FEB. 26-1910

6. Sex FEMALE 7. Twin or Triplet — If so—born 1st, 2nd, 3rd — 8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME THOMAS WILLIAM RICKARD

11. Color or Race IRISH-AMERICAN 12. Age at time of THIS birth 47 yrs.

13. Birthplace LANESBORO - MINNESOTA
(City or town) (State or foreign country)

14. Exact Occupation CONDUCTOR

15. Industry or Business OREGON SHORT LINE - R.R.

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY FRANCES RYAN

17. Color or Race IRISH-AMERICAN 18. Age at time of THIS birth 36 yrs.

19. Birthplace FULTON - ILLINOIS
(City or town) (State or foreign country)

20. Exact Occupation HOUSE - WIFE

21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE at 1130 P. M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by MARY RICKARD, who is related to this child as MOTHER - (First name) (Last name)

25. Attendant's MRS. HEUGHAN (Mother, etc.) (DECEASED) M.D. Mary Rickard
OWN signature DR. NEEDHAM (DECEASED) Midwife Address GLENNS FERRY - IDA Date 2/26/10

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 32 years, and that Dr. Needham (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mary Rickard Signature
1620 N. Vista, Hollywood, Calif P. O. Address

Subscribed and sworn to before me this 28 day of September, 19 42
(SEAL) My Commission Expires Jan. 11, 1946 Notary Public, residing at Los Angeles, Calif
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9, Idaho Code, Annotated.)

Received for filing on SEP 30 1942 by Mary Rickard, Registrar.

OCT 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

653-120003-293

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357556
Local Reg. No. 100
Reg. Dist. No. 100

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Pocatello</u> (c) Street Address or R.F.D. No. <u>N. Johnson</u> (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: <u>7</u> years <u>0</u> months <u>0</u> days IN THIS county		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Pocatello</u> (d) Street Address or R.F.D. No. <u>N. Johnson</u> (e) How long has MOTHER lived in Idaho? <u>24</u> yrs.	
4. FULL NAME OF CHILD <u>LEONARD BILLINGS WETHERMAN</u> 7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd <u>--</u>		5. Date of Birth of Child (Month, day, year) <u>April 20, 1910</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Julius James Wetherman</u> 11. Color <u>white</u> or Race <u>American</u> 12. Age at time of THIS birth <u>42</u> yrs. 13. Birthplace <u>Lawrence, Kansas</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farming</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Bessie V. Wetherman BILLINGS</u> 17. Color <u>white</u> or Race <u>American</u> 18. Age at time of THIS birth <u>38</u> yrs. 19. Birthplace <u>La Plata, Missouri</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Housekeeping</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None to my knowledge</u> 23. Number of children of this mother: (a) At time of birth and including this child <u>10</u> (b) Born alive and now living <u>8</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of Idaho }
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 32 years, and that Dr. Sprague, who attended this birth, cannot be located. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie V. Wetherman Signature

199 23rd N. Salem, Oregon P. O. Address

Subscribed and sworn to before me this 23rd day of September, 19 42

(SEAL)

Grace B. Smith Notary Public, residing at Pocatello, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-91, Idaho Code Annotated.)

Received for filing on SEP 24 1942 by Mary J. [Signature] Registrar.

OCT 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

613-121029 267

357569

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

SEP 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 11
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
IN THIS county 28 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 11
(e) How long has MOTHER lived in Idaho? 28 yrs.
3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Wilbur Llewellyn Wallace
6. Sex Male
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

5. Date of Birth of Child (Month, day, year) Oct. 21, 1910
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Henry Edward Wallace
11. Color white 12. Age at time of THIS birth 34 yrs.
13. Birthplace Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Bessie Loua Hopkins
17. Color white 18. Age at time of THIS birth 28 yrs.
19. Birthplace Moscow, Idaho
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE alive
24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 5 A.M. on the date _____ (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____
Midwife Address _____ Date _____

State of Oregon
County of Jackson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 32 years, and that Dr. Dart, who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie L Wallace Signature

#404 North Grape St., Medford, Oregon P. O. Address

Subscribed and sworn to before me this 17th day of September, 19 42

Notary Public, residing at Medford, Oregon

Chas. Pierce Notary Public, residing at Medford, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

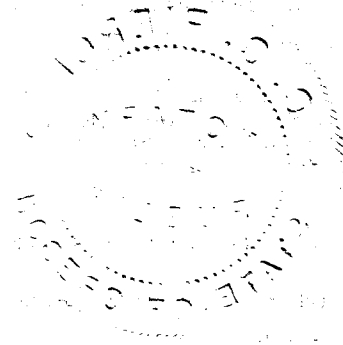
Received for filing on SEP 19 1942 by Marj Treger, Registrar.

OCT 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

693 207007 231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

357588

State File No.....
Local Reg. No.....
Reg. Dist. No.....

OCT 1 1942 STATE OF IDAHO

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Carey
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 1 years 6 months days

4. FULL NAME
OF CHILD

Virvian Wilde

6. Sex

girl

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate? yes

10. FULL
NAME

Emmanuel Wilde

11. Color
or Race

white

12. Age at time
of THIS birth

40 yrs.

13. Birthplace

Coalville, Utah

(City or town)

(State or foreign country)

14. Exact
Occupation

Farmer

15. Industry or
Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine

(c) City Carey

(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 1 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Carey Idaho

5. Date of Birth of Child

(Month, day, year) Dec 7th 1910

MOTHER OF CHILD

16. FULL MAIDEN
NAME

Betsy Slaughter

17. Color

white

18. Age at time
of THIS birth

36 yrs.

19. Birthplace

Birmingham, England

(City or town)

(State or foreign country)

20. Exact
Occupation

House wife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 3

(b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at

(Born alive, stillborn)

M. on the date

and at the place stated above, and that personal particulars were furnished by Betsy Slaughter, who is
related to this child as Mother

(Mother, etc.)

(First name)

(Last name)

25. Attendant's

OWN signature

Lamisa B. Howard

M.D.

Midwife

Address

Long Beach, Calif

Date Sept 24, 42

State of.....

ss.

County of.....

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears

(Mother, etc.)

in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that

(First name)

(Last name)

who attended this birth

(Is now deceased) or (Cannot be located)

I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....

by

Mabel S. B. Howard

Registrar.

OCT 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

814-228016-255

United States
Department of Commerce
Bureau of the Census

SEP 18 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

357590

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Elba

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

At Home

(e) Mother's stay BEFORE delivery:

IN THIS county 30 years 1 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia

(c) City Elba

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Elba, Idaho

4. FULL NAME OF CHILD Alyce Hadfield

5. Date of Birth of Child Aug. 28, 1910
(Month, day, year)

6. Sex Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Wells Hadfield

11. Color or Race White 12. Age at time
of THIS birth 28 yrs.

13. Birthplace Elba Idaho
(City or town) (State or foreign country)

14. Exact Occupation Farming & Ranching

15. Industry or Business Farming & Ranching

MOTHER OF CHILD

16. FULL MAIDEN NAME Sylvia Abigail Beecher

17. Color or Race White 18. Age at time
of THIS birth 30 yrs.

19. Birthplace Willard Utah
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Homemaking

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of Utah
County of Davis } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that
Dr. R. T. Story, who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Sylvia A. Hadfield Signature

Clearfield, Utah

P. O. Address

Subscribed and sworn to before me this 16th day of Sept., 19 42

(SEAL)

Notary Public, residing at Clearfield, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 18 1942 by Harry E. [Signature], Registrar.

OCT 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

735-204036-432

357591

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County..... Oneida..... (b) City..... Malad City.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county 28 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State..... Idaho..... (b) County..... Oneida.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?..... 28 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD**..... Pearl Glead.....
5. Date of Birth of Child (Month, day, year)..... July 4, 1910

6. Sex female 7. Twin or Triplet..... If so—born 1st, 2nd, 3rd.....
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME..... <u>William Glead</u>	16. FULL MAIDEN NAME..... <u>Elizabeth McKay</u>	11. Color or Race..... <u>White</u>	17. Color or Race..... <u>White</u>
12. Age at time of THIS birth..... <u>44</u> yrs.	18. Age at time of THIS birth..... <u>40</u> yrs.	13. Birthplace..... <u>Cardiff, Wales</u> (City or town) (State or foreign country)	19. Birthplace..... <u>Salt Lake City, Utah</u> (City or town) (State or foreign country)
14. Exact Occupation..... <u>Farmer</u>	20. Exact Occupation..... <u>Housewife</u>	15. Industry or Business..... <u>farmer</u>	21. Industry or Business..... <u>Housewife</u>

22. Name prophylactic used to prevent Ophthalmia Neonatorum..... None.....
23. Number of children of this mother: (a) At time of birth and including this child..... 10 (b) Born alive and now living..... 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive..... 12:30 P.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by..... Elizabeth Glead....., who is related to this child as..... mother.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature..... M.D. Midwife Address Date

State of..... Idaho..... } ss.
County of..... Oneida.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... mother..... of the person whose name appears in Item 4, above, that I am now..... 72..... years of age, that I have known this person for..... 32..... years, and that..... Mr. V. Bollingbroke....., who attended this birth..... is now deceased..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature..... Elizabeth Glead.....
P. O. Address..... Malad City, Idaho.....

Subscribed and sworn to before me this..... 28th..... day of..... September....., 19..... 1910.....
(SEAL)..... Notary Public, residing at..... Malad, Idaho.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

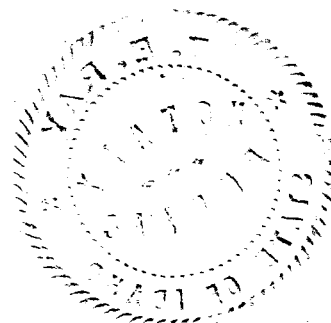
Received for filing on..... OCT 1 1910..... by..... Wm. J. Baker....., Registrar.

10.8576
OCT 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

263215 003 753

United States
Department of Commerce
Bureau of the Census

OCT 1 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 357599
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Thatcher
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Born at farm home
(e) Mother's stay BEFORE delivery:
IN THIS county 28 years months * days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Thatcher
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 61 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Florence Bollwinkel

7. Twin or Triplet If so—born 1st, 2nd, 3rd

6. Sex Female

5. Date of Birth of Child (Month, day, year) Feb 15, 1910

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Alonzo Bollwinkel
11. Color White 12. Age at time of THIS birth 50 yrs.
13. Birthplace Salt Lake City, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Arlette Peck
17. Color White 18. Age at time of THIS birth 38 yrs.
19. Birthplace Brighton, Utah
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was 8 at P M. on the date Feb 15, 1942 (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Arlette Bollwinkel, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

M.D. Address
Midwife

Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 38 years, and that James (First name) Hale (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arlette Bollwinkel Signature

Grace Idaho P. O. Address

Subscribed and sworn to before me this 28th day of Sept, 19 42

(SEAL)

Harold B. Lowe Notary Public, residing at Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 1 1942 by Mabel E. [unclear] Registrar.

JAN 22 1975

NOV 13 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

413-103001 796

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

357601

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
St. Alphonsus Hospital
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise, Highland Valley
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Edmond Peter Matli

6. Sex Male 7. Twin or Triplet ---- If so—born 1st, 2nd, 3rd ----

FATHER OF CHILD

10. FULL NAME Charlie Joseph Matli
11. Color or Race White 12. Age at time of THIS birth 51 yrs.
13. Birthplace Premia Italy
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife

Address

Date

State of California } ss.
County of San Diego

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 14 years, and that Dr. Brereton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Frank J. Matli

Rt. 1 Box 308, Chowchilla, Calif. P. O. Address

Subscribed and sworn to before me this 29 day of September 1947

(SEAL)

Mae Gallardo

Notary Public, residing at Moderate, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.) California

Received for filing on OCT 1 1947 by Mary E. Eder Registrar.

OCT 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

281 229 009 695

357660

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

OCT 3 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bonner (b) City Priest River
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
None
(e) Mother's stay BEFORE delivery:
IN THIS county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bonner
(c) City Priest River
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Priest River, Idaho

5. Date of Birth of Child Idaho
(Month, day, year) July 29, 1910

4. FULL NAME OF CHILD Beatrice Helen Shaw

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Henry Shaw
11. Color white 12. Age at time of THIS birth 43 yrs.
13. Birthplace Maine (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Christina Finstad
17. Color white 18. Age at time of THIS birth 19 yrs.
19. Birthplace Spokane Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum None known

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, Above, that I am now 51 years of age, that I have known this person for 32 years, and that Dr. McCatry, who attended this birth cannot be located. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Shaw Signature
Priest River, Idaho P. O. Address

Subscribed and sworn to before me this first day of October, 1942

(SEAL) H. A. Worch Notary Public, residing at Priest River, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

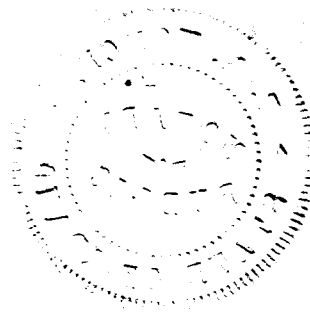
Received for filing on OCT 3 1942 by Marj Beeler Registrar.

088585
OCT 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



31-121026962

United States
Department of Commerce
Bureau of the Census

OCT 5 1942

OCT 5 1942

OCT 5 1942

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

357706

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Jefferson</u> (b) City <u>Annis</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>16</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Jefferson</u> (c) City <u>Annis</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>24</u> years	
3. RESIDENCE OF FATHER (city, state) <u>Annis, Idaho</u>			

4. FULL NAME OF CHILD <u>Alma Andrew Clark</u>		5. Date of Birth of Child (Month, day, year) <u>Feb. 21, 1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>
		9. Legitimate? <u>yes</u>	

FATHER OF CHILD 10. FULL NAME <u>Charles Andrew Clark</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>26</u> yrs. 13. Birthplace <u>Annis</u> <u>Idaho</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Car Inspector. U.P.R.R. Co</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Phoebe May Rose</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>24</u> yrs. 19. Birthplace <u>Western</u> <u>Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is related to this child as
 (First name) (Last name)
 (Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Idaho
 County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 35 years of age, that I have known this person for 32 years, and that Elisabeth Rose, who attended this birth is now deceased, I further state that
 (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Genevieve Rose Signature
755 S. Fourth. Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of October, 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
 Notary Public, residing at Pocatello, Idaho

Received for filing on OCT 5 1942 by M. J. [Signature] Registrar.

PGT 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

94-206007 445

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

OCT 5 - 1942

STATE OF IDAHO

357708

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Blaine</u> (b) City <u>Sweet Sage</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years <u>4</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Blaine</u> (c) City <u>Sweet Sage</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>1 1/2</u> yrs.
3. RESIDENCE OF FATHER (city, state) <u>Sweet Sage, Idaho</u>		

4. FULL NAME OF CHILD <u>Jeanne Lois Simmons</u>	5. Date of Birth of Child (Month, day, year) <u>July 6, 1910</u>
6. Sex <u>Female</u>	8. No. months of Pregnancy <u>9 1/2</u>
7. Twin or Triplet <u>No</u>	9. Legitimate? <u>Yes</u>
If so—born 1st, 2nd, 3rd	

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William Day Simmons</u>	16. FULL MAIDEN NAME <u>Mary Lawrence Duncan</u>		
11. Color or Race <u>White</u>	17. Color or Race <u>White</u>	12. Age at time of THIS birth <u>39</u> yrs.	18. Age at time of THIS birth <u>33</u> yrs.
13. Birthplace <u>Wallace, Missouri</u> (City or town) (State or foreign country)	19. Birthplace <u>Wallace, Missouri</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Farmer</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business	21. Industry or Business		

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 1/2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Missouri } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Lawrence }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 32 years, and that Registered Nurse (Name forgotten) who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Lawrence Simmons Signature
Mt. Vernon, Missouri, Route 1 P. O. Address

Subscribed and sworn to before me this 11th day of September, 19 42
My commission expires Apr. 27-43 Lawrence Young Notary Public, residing at Mt. Vernon, Mo.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 5 - 1942 by Mary E. Blaine, Registrar.

OCT 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465-117036-715

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357725
Local Reg. No.
Reg. Dist. No.

OCT 3 1942

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Malad Idaho

4. FULL NAME OF CHILD

Joseph William Moss

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

6. Sex male

5. Date of Birth of Child
(Month, day, year) 12-17-1910

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Riley Moss
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Kaysville Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer and Stockraiser
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Ann Sloan
17. Color white 18. Age at time of THIS birth 31 yrs.
19. Birthplace Kaysville Utah
(City or town) (State or foreign country)
20. Exact Occupation house-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 31 years, and that Mary Jane Evans who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cecil M. Ward

Malad, Idaho R.F.D. No. 2 Signature P. O. Address

Subscribed and sworn to before me this 14th day of September, 1942

(SEAL) Edward W. Wozley Notary Public, residing at Malad, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **OCT 3 1942** by Mary J. Bluff Registrar.

OCT 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

215 2100167K9
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

357742
State File No. _____

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH:
(a) County CASSIA (b) City BURLEY
(c) Street Address or R.F.D. No. RED 4
(d) Name of Hospital or Maternity Home:
AT HOME
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county _____ years _____ month _____ days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County CASSIA
(c) City BURLEY
(d) Street Address or R.F.D. No. RED 4
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address RED 4 BOX 10

3. RESIDENCE of FATHER (city, state): _____

4. FULL NAME OF CHILD Louise SAVAGE

5. Date of Birth
(Month, day, year) April 10 1940

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Levi Melvin SAVAGE
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Flagstaff Arizona
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business _____

16. FULL MAIDEN NAME Maggie Mae GARVIN
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Albuquerque New Mexico
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) AUG 24 1942 (Date received) _____
(b) _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. _____
(D.O., Midwife, etc.)
and address _____ Date _____

State of California ss.
County of Los Angeles

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Maggie Mae Savage, being first duly sworn, say that I am _____ (Name of person on certificate above) _____ (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. C. Patterson who attended said birth _____ (Name of attendant at birth) _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this _____ day of August 1942
(SEAL) _____ Notary Public, residing at Louisa Calif.

my com expires Nov. 18-1944

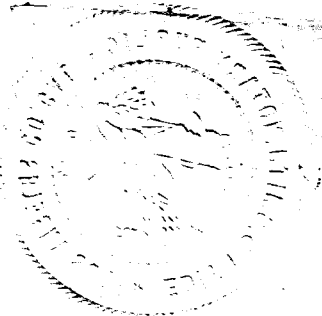
DOT 7

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

61-230-033-816

United States (Be sure the information is as of date of birth of THIS child) State File No. 357867
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
SEP 24 1942 STATE OF IDAHO

Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Madison</u> (b) City <u>Rexburg</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: IN THIS county <u>8</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Madison</u> (c) City <u>Rexburg</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>8</u> yrs.	
4. FULL NAME OF CHILD <u>DeEsta Walker</u>		3. RESIDENCE OF FATHER (city, state) <u>Rexburg, Idaho</u>	
6. Sex <u>female</u>		5. Date of Birth of Child (Month, day, year) <u>June 30/1910</u>	
7. Twin or Triplet _____		8. No. months of Pregnancy <u>9</u>	
8. If so—born 1st, 2nd, 3rd _____		9. Legitimate? <u>yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William Adelbert Walker</u>		16. FULL MAIDEN NAME <u>Emma Isabelle Hawkes</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>28</u> yrs.		18. Age at time of THIS birth <u>29</u> yrs.	
13. Birthplace <u>Salt Lake City Utah</u> (City or town) (State or foreign country)		19. Birthplace <u>Hyde Park Utah</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business _____		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Ag No. 190</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>4</u>			
ATTENDANT'S CERTIFICATE			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born alive</u> at <u>2 A.</u> M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by <u>William A. Walker</u> , who is related to this child as <u>father</u> (Mother, etc.) (First name) (Last name)			
25. Attendant's OWN signature <u>Joseph Walker</u> M.D. <u>Midwife</u> Address <u>Rexburg Idaho</u> Date <u>6-10, 1910</u>			
State of <u>California</u>		AFFIDAVIT to be completed when the attendant does not sign in Item 25.	
County of <u>Los Angeles</u> } ss.			
I, the undersigned, being first duly sworn, say that I am the <u>father</u> of the person whose name appears in Item 4, above, that I am now <u>60</u> years of age, that I have known this person for <u>32</u> years, and that <u>Dr. Joseph Walker</u> who attended this birth <u>can not be located</u> I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)			
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.			
<u>William Adelbert Walker</u> Signature			
<u>212 W. Cedar Ave. Bellflower, Calif.</u> P. O. Address			
Subscribed and sworn to before me this <u>19</u> day of <u>Sept.</u> , 1942			
(SEAL) _____ Notary Public, residing at <u>Long Beach, Calif.</u>			
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)			
Received for filing on <u>SEP 24 1942</u> by <u>Mary J. Fisher</u> Registrar.			

508720
OCT 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

162-107-029-238

357876

1 States

(Be sure the information is as of date of birth of THIS child)

State File No.

Department of Commerce
Bureau of the Census

OCT 9 - 1942 CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City JULIAETTA
(c) Street Address or R.F.D. No. JULIAETTA IDAHO
(d) Name of Hospital or Maternity Home:
IN HOME
(e) Mother's stay BEFORE delivery:
IN THIS county 26 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City JULIAETTA
(d) Street Address or R.F.D. No. JULIAETTA IDAHO
(e) How long has MOTHER lived in Idaho? 26 yrs.
3. RESIDENCE OF FATHER (city, state) JULIAETTA IDAHO

4. FULL NAME OF CHILD WILLIAM ELDON NOBLE

5. Date of Birth of Child
(Month, day, year) JUNE 27th 1910

6. Sex MALE 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 MO. 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JOHN WESLEY NOBLE
11. Color WHITE 12. Age at time of THIS birth 29 yrs.
13. Birthplace ROSWORTH MISSOURI
(City or town) (State or foreign country)
14. Exact Occupation OWNED DRUG STORE
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME SOPHIA SCHUPFER
17. Color WHITE 18. Age at time of THIS birth 27 yrs.
19. Birthplace AUSTRIA
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNCERTAIN
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE at 7:00 A.M. on the date BORN
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by SOPHIA NOBLE, who is related to this child as MOTHER
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of WASHINGTON County of CLALLAM } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that ROBERT FOSTER who attended this birth DECEASED I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 7th day of October, 1942
(SEAL) Malcolm Notary Public, residing at Vancouver
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 9 - 1942 by Maui Steffen Registrar.

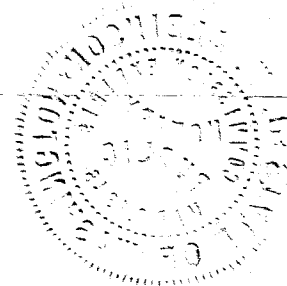
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certificate copy requires an advance payment of fifty cents, money order or coin.

378736
OCT 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

556-106-032-165

357877

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce OCT 9 - 1942 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Lincoln</u> (b) City <u>Shoshone</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Born in family home</u> (e) Mother's stay BEFORE delivery: <u>IN THIS county 5 years — months — days</u>		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Lincoln</u> (c) City <u>Shoshone</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>5</u> yrs.	
4. FULL NAME OF CHILD <u>Julian Price Newman</u>		5. Date of Birth of Child (Month, day, year) <u>May 6, 1910</u>	
6. Sex <u>Male</u> 7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	

FATHER OF CHILD 10. FULL NAME <u>Sterling Price Newman</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>48</u> yrs. 13. Birthplace (City or town) <u>Missouri</u> (State or foreign country) 14. Exact Occupation <u>Sheepman</u> 15. Industry or Business <u>Sheep Raising</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Julia Jones Newman</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>33</u> yrs. 19. Birthplace (City or town) <u>Henderson, Kentucky</u> (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum. August 1910
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 4 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Julia Newman, who is (First name) (Last name)
related to this child as Mother (Mother, etc.)
25. Attendant's OWN signature [Signature] **M.D. Midwife** Address Shoshone Date Oct 8/42

State of _____ } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of _____ }

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth. (First name) (Last name) (Is now deceased) or (Cannot be located)
I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

_____. Signature
_____. P. O. Address
Subscribed and sworn to before me this _____ day of _____, 19____.

(SEAL) Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 9 - 1942 by Mary E. [Signature], Registrar.

OCT 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **357890**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Washington (b) City Council
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital of Maternity Home: _____

(e) Mother's stay BEFORE delivery:

In Hospital or Maternity Home _____ Days
In THIS county _____ years _____ months _____ days

4. FULL NAME OF CHILD

Hermit Wane Krigbaum

5. DATE OF BIRTH

(Month, day, year) 1-16-1910

6. Sex

Boy

7. Twin or Triplet

1st-born
1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

yes

FATHER OF CHILD

10. FULL NAME

Marcus Edwin Krigbaum

11. Color or Race

white

12. Age at time of THIS birth

35 yrs.

13. Birthplace

Salina Texas
(City or Town) (State or foreign country)

14. Exact Occupation

Farmer

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Armeda Smith

17. Color or Race

white

18. Age at time of THIS birth

21 yrs.

19. Birthplace

Mills Nebraska
(City or Town) (State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3

(b) Born alive and now living 4

(c) Born alive and now dead

(d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11 P. M. on the date

(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Marcus Edwin Krigbaum

(First name)

(Last name)

related to this child as Father

(Mother, etc.)

26. (a)

OCT 10 1912
(Date received)

(b)

Mabel J. Becker
(Registrar's signature)

25. Attendant's OWN signature

Frank E. Brown M.D.

(D.O., Midwife, etc.)

27. Given name added on

by

(Registrar's signature)

and address Salina Oregon

Date 9-22-42

OCT 12 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of

.....
.....

(b) Labor: Complications:

.....
..... Induced?

(c) State all operations for delivery

.....
.....

(d) Did baby have any:

(1) Congenital Malformation?

Describe:

(2) Birth Injury?

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....
.....

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

662-107009-264

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **357897**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Roma residence
(e) Mother's stay BEFORE delivery:
IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

Sandpoint Idaho

4. FULL NAME OF CHILD

William Southmayd Foster

7. Twin or Triplet If so—born 1st, 2nd, 3rd

6. Sex male

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Walter Linder Foster
11. Color white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Agency Iowa
(City or town) (State or foreign country)
14. Exact Occupation Civil engineer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Southmayd
17. Color white 18. Age at time of THIS birth 21 yrs.
19. Birthplace Steele N. Dak.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Iowa } ss.
County of Story

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 yrs - 4 mo. years, and that Dr. Patterson, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Commission Expires

July 4, 1945 to before this 21st day of September, 1944
(SEAL) C. A. Saulin Notary Public, residing at Ames Iowa

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 8 - 1942 by Marj B. Fisher, Registrar.

JUN 24 1938

OCT 12 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

289-2061010-563

357906

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census 661 8 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Ucon
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: In her own home
(e) Mother's stay BEFORE delivery: 10 years 0 months 0 days
IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Ucon
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Ucon Idaho

4. FULL NAME OF CHILD Luise Byrom
5. Date of Birth of Child (Month, day, year) 6 Sept 1910
6. Sex Female 7. Twin or Triplet 1 If so, born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME William Byrom 16. FULL MAIDEN NAME Annie Elizabeth Noles
11. Color white 12. Age at time of THIS birth 44 yrs. 17. Color white 18. Age at time of THIS birth 32 yrs.
13. Birthplace Yorkshire England (City or town) (State or foreign country) 19. Birthplace Hooper Weber Co Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer 20. Exact Occupation Housewife
15. Industry or Business Agriculture 21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate 10%
23. Number of children of this mother: (a) At time of birth and including this child 19 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 6 A.M. on the date 6 Sept 1910 and at the place stated above, and that personal particulars were furnished by Luise Byrom, who is related to this child as Step mother (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature H.A. Anderson M.D. M.D. Midwife Address Peggy Idaho Date Oct 7, 1942

State of Idaho ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of Blaine

I, the undersigned, being first duly sworn, say that I am the Step mother of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 44 years, and that Luise Byrom, who attended this birth, (First name) (Last name) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 6 day of Sept, 1910.
(SEAL) Notary Public, residing at Ucon Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 8 1942 by Maud E. Eder Registrar.

OCT 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

259-221-003-767

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
OCT 8 - 1942 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. **357908**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>McCammon</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity-Home: <u>Residence</u> (e) Mother's stay BEFORE delivery: <u>IN THIS</u> county <u>2</u> years months days	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>McCammon</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? .. yrs.
3. RESIDENCE OF FATHER (city, state) ..	

4. FULL NAME OF CHILD <u>Mable Eliza Bergeson</u>	5. Date of Birth of Child (Month, day, year) <u>Sept. 21, 1910</u>
6. Sex <u>Female</u>	8. No. months of Pregnancy ..
7. Twin or Triplet ..	9. Legitimate? <u>Yes</u>
If so—born 1st, 2nd, 3rd ..	

FATHER OF CHILD	
10. FULL NAME <u>John Larence Bergeson</u>	12. Age at time of THIS birth <u>36</u> yrs.
11. Color or Race <u>White</u>	13. Birthplace <u>Lewiston</u> (City or town) <u>Utah</u> (State or foreign country)
14. Exact Occupation <u>Farmer</u>	15. Industry or Business ..

MOTHER OF CHILD	
16. FULL MAIDEN NAME <u>Mable Ett Pope</u>	18. Age at time of THIS birth <u>33</u> yrs.
17. Color or Race <u>White</u>	19. Birthplace <u>Richmond</u> (City or town) <u>Utah</u> (State or foreign country)
20. Exact Occupation <u>Housewife</u>	21. Industry or Business ..

22. Name prophylactic used to prevent Ophthalmia Neonatorum ..

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was .. at .. M. on the date .. (Born alive, stillborn) .. and at the place stated above, and that personal particulars were furnished by .., who is related to this child as .. (Mother, etc.)

25. Attendant's OWN signature ..	M.D. ..	Address ..	Date ..
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State of CALIFORNIA)
County of SAN DIEGO) ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for LIFE years, and that DR. HANSEN (First name) (Last name) who attended this birth DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mable Ett Pope Bergeson Signature
4777 Arizona Street P. O. Address

Subscribed and sworn to before me this 3rd day of OCTOBER 1942.
(SEAL) Albert L. Griffiths Notary Public, residing at 3134 Date Street
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) San Diego

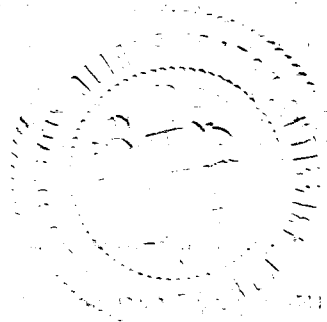
Received for filing on OCT 8 - 1942 by Mary E. Leferson Registrar.
My Commission Expires Nov. 28, 1945

OCT 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

OCT 10 1942 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth).
(a) County Idaho (b) City Farmington
(c) Street Address or R.F.D. No. Route 1
(d) Name of Hospital or Maternity Home: farm home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 27 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Farmington
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. **RESIDENCE OF FATHER** (city, state) Farmington, Idaho

4. **FULL NAME OF CHILD** Gordon William Howell
5. Date of Birth of Child
(Month, day, year) May 19, 1910
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Charlie Howell
11. Color or Race white 12. Age at time of THIS birth 35 yrs.
13. Birthplace Oregon state
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Baller
17. Color or Race white 18. Age at time of THIS birth 27 yrs.
19. Birthplace Canton, Ohio
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of King }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4, above, that I am now 35 years of age, that I have known this person for 32 years, and that Bolser, who attended this birth. cannot be located
(First name) (Last name) (Is now deceased) or (Cannot be located)

I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samuel Ward Howell Signature

1639 1/2 1st St Seattle Wash P. O. Address

Subscribed and sworn to before me this 6th day of October, 1942

(SEAL) J. Christianson Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 10 1942 by Mary Baller, Registrar.

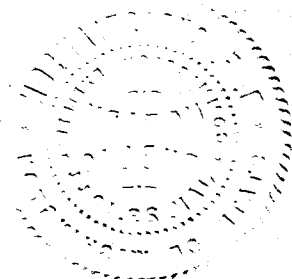
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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

289-201-034-281

357950

357950

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home:
AT HOME

(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years months days

4. FULL NAME OF CHILD PAULINE SARAH SHRODE

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Alfred E. Shrode
11. Color White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Spencer Co. Indiana
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No. R.F.D.

(e) How long has MOTHER lived in Idaho? Three yrs.

3. RESIDENCE OF FATHER (city, state) Rupert, Idaho.

5. Date of Birth of Child
(Month, day, year) Feb. 1, 1910.

8. No. months of Pregnancy Nine 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Hallie May Shake
17. Color White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Stoddard Co. Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....A.M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature.....M.D. Midwife Address Date

State of Idaho } ss.
County of Minidoka }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....friend.....of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 32 years, and that Dr. Kenagy....., who attended this birth.....deceased.....I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada C. Enos Signature
Rupert, Idaho P. O. Address

Subscribed and sworn to before me this 30 day of September, 19 42
(SEAL) [Signature] Notary Public, residing at Rupert, Idaho
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 16 1942 by Mary E. Elden, Registrar.

OCT 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

364-212-009-981

357970

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. 514 N. 2nd Ave
(d) Name of Hospital or Maternity Home: Page Hospital
(e) Mother's stay BEFORE delivery:
IN THIS county years 8 months 27 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bonner
(c) City Kootenai
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? Less than 1 year

3. RESIDENCE OF FATHER (city, state) Kootenai, Ida.

4. FULL NAME OF CHILD Thelma Winnifred Lodge

5. Date of Birth of Child
(Month, day, year) 6-12-1910

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Fredrick Lodge
11. Color White 12. Age at time of THIS birth 46 yrs.
13. Birthplace Saginaw, Michigan
(City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Merchant

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Ellen Ryan
17. Color White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Saginaw, Mich.
(City or town) (State or foreign country)
20. Exact Occupation clerk
21. Industry or Business Merchant

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 3 P.M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Richard Lodge, who is
related to this child as Uncle (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Bridie T. Simler M.D. R. N. Address Yakima, Wn. Date 6-26-42

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears
in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that
(First name) (Last name) who attended this birth..... I further state that
(Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 12 1942 by Maude E. E. E. Registrar.

MAR 5 1951

OCT 13 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

519-127-001-367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File **357982**
Local Reg. No.
Reg. Dist. No.

OCT 12 1942

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1120 N. 19th
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county 0 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Ida (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1120 N. 19th
(e) How long has MOTHER lived in Idaho? 21 yrs.

4. FULL NAME OF CHILD

William Perry Earwood

3. RESIDENCE OF FATHER (city, state) Idaho
5. Date of Birth of Child Feb 27 - 1940
(Month, day, year)

6. Sex

M.

7. Twin or Triplet

-

If so - born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

yes

FATHER OF CHILD

10. FULL NAME

Wilbur Earwood

11. Color or Race

W. - Iowa

12. Age at time of THIS birth

28 yrs.

13. Birthplace

Iowa

(City or town)

(State or foreign country)

14. Exact Occupation

Street car conductor

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Alta B. Cox

17. Color or Race

W. - Idaho

18. Age at time of THIS birth

21 yrs.

19. Birthplace

Boise Idaho

(City or town)

(State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

Crisolol.

23. Number of children of this mother: (a) At time of birth and including this child, (b) Born alive and now living,

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at Simon P. A.M. on the date June 19, 1942 (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Alta B. Cox, who is related to this child as Mother (First name) (Last name)

25. Attendant's OWN signature

Tom Boeck

M.D.

Midwife

Address

Boise Ida

Date June 19, 1942

State of
County of ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that

....., who attended this birth, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this day of 19.....

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 12 1942 by Maud E. E. E. Registrar.

OCT 13 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

OCT 13 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **358024**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Franklin</u> (b) City <u>Preston</u> (c) Street Address or R.F.D. No. <u>2</u> (d) Name of Hospital or Maternity Home: <u>At home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>26</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Franklin</u> (c) City <u>Preston</u> (d) Street Address or R.F.D. No. <u>2</u> (e) How long has MOTHER lived in Idaho? <u>26</u> yrs.	
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4. FULL NAME OF CHILD <u>Elden Homer Woolf</u>		5. Date of Birth of Child (Month, day, year) <u>Feb. 5, 1910</u>	
6. Sex <u>male</u>	7. Twin or Triplet	8. No. months of Pregnancy	9. Legitimate? <u>yes</u>

FATHER OF CHILD 10. FULL NAME <u>James Woolf Jr.</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>28</u> yrs. 13. Birthplace <u>Hyde Park, Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Bertha Lavernia Packer</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace <u>Preston, Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by , who is related to this child as
 (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Idaho
 County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 32 years, and that Fannie Mc Queen, who attended this birth is now deceased, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature James Woolf, Jr.
Preston Idaho, R.F.D. #2. P. O. Address
 Subscribed and sworn to before me this 8th day of October, 1942
 (SEAL) Notary Public, residing at Preston, Ida.
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 13 1942 by Marjorie E. Fisher, Registrar.

OCT 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

331-113-012-343

358058

(Be sure the information is as of date of birth of THIS child)
 Department of Commerce
 Bureau of the Census
CERTIFICATE OF BIRTH
 STATE OF IDAHO
 State File No.
 Local Reg. No.
 Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
 (a) County BUTTE (b) City Arco
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home: at own home
 (e) Mother's stay **BEFORE** delivery: 10 years 3 months 9 days
 IN THIS county

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 (a) State Idaho (b) County BUTTE
 (c) City Arco
 (d) Street Address or R.F.D. No.
 (e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. **RESIDENCE OF FATHER** (city, state) same
 4. **FULL NAME OF CHILD** William Grant Clark
 5. Date of Birth of Child (Month, day, year) Nov. 13, 1910
 6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
 10. **FULL NAME** William Allen Clark
 11. Color white 12. Age at time of THIS birth 38 yrs.
 13. Birthplace Winton Iowa (City or town) (State or foreign country)
 14. Exact Occupation Farmer
 15. Industry or Business

MOTHER OF CHILD
 16. **FULL MAIDEN NAME** Caroline Luts
 17. Color white 18. Age at time of THIS birth 26 yrs.
 19. Birthplace Carrington, N.D. (City or town) (State or foreign country)
 20. Exact Occupation house keeper
 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
 23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 County of Blaine

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 32 years, and that Dr. Stephens (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Caroline Clark Signature
710 So. University, Blackfoot, Ida. P. O. Address
 Subscribed and sworn to before me this 13 day of October 1942
 (SEAL) Beth Rodgers Notary Public, residing at Blackfoot
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 14 1942 by Mary E. Blaine Registrar.

OCT 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

364-209-038-763

358079

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
OCT 15 1942
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?.....yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ethel Vernetta Coulter

5. Date of Birth of Child
(Month, day, year) May 9 1910

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Shesman William Coulter
11. Color White 12. Age at time of THIS birth 20 yrs.
13. Birthplace Montana
(City or town) (State or foreign country)
14. Exact Occupation Transfer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Annie Louise Polly
17. Color White 18. Age at time of THIS birth 16 yrs.
19. Birthplace Montana
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. ☒ Midwife Address Date

State of Idaho } ss.
County of Blaine

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for some time years, and that Dr. Avery, who attended this birth Deceased. I further state that (Is now deceased) or (Cannot be located)
(First name) (Last name)
The facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Louise Coulter Signature
2210 S. State St. Boise P. O. Address

Subscribed and sworn to before me this 13th day of October, 1942.
(SEAL) Quentin Bagley Notary Public, residing at Boise, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....by Mari E. Ebers Registrar.

OCT 15 1942

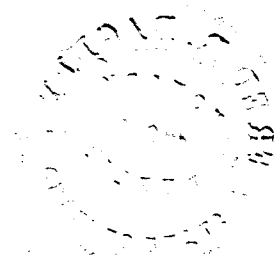
OCT 16 1942

MAY 28 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

253-127-039-418

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **358080**
Local Reg. No.
Reg. Dist. No.

OCT 15 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

4. **FULL NAME OF CHILD** John Lewis Kelly
7. Twin or Triplet If so, born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) Jan. 27 1910

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Robert Charles Kelly
11. Color White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Brigham City Utah
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Harriet May
17. Color White 18. Age at time of THIS birth 36 yrs.
19. Birthplace Colts Fort Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Solution
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature _____ M.D. _____
Midwife Address _____ Date _____
State of Idaho }
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 32 years, and that Sarah Lasley who attended this birth Is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

H. May Kelly Drake Signature

Subscribed and sworn to before me this 14th day of October
(SEAL) James J. Miller Notary Public, residing at Marysville Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 15 1942 by Mabel E. Eberlin Registrar.

OCT 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
OCT 14 1942 CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **358091**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Kootenai</u> (b) City <u>Harrison</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Borne at home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>7</u> years months days	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Kootenai</u> (c) City <u>Harrison</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>7</u> yrs.
4. FULL NAME OF CHILD <u>Ellen Viola Justus</u>	3. RESIDENCE OF FATHER (city, state)

6. Sex <u>Female</u> 7. Twin or Triplet <u>Single</u> If so—born <u>5</u> 1st, 2nd, 3rd <u>5</u>	5. Date of Birth of Child (Month, day, year) <u>Sept. 1, 1910</u>
8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>John Henry Justus</u>	16. FULL MAIDEN NAME <u>Minnie Vioa Hollingsworth</u>		
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>37</u> yrs.	17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>27</u> yrs.		
13. Birthplace <u>Warren County, Missouri</u> (City or town) (State or foreign country)	19. Birthplace <u>Douglas County, Missouri</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Farmer</u>	20. Exact Occupation <u>House wife</u>		
15. Industry or Business	21. Industry or Business		

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Kootenai

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 59 years, and that Mrs. Harve Kelley is now deceased, who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Minnie H Justus Signature
720 Ind. Ave. Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this day of 1942

(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 14 1942 by Mabel T. E. E. E. Registrar.

OCT 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

696-2151029-625

United States
Department of Commerce
Bureau of the Census

OCT 14 1942

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **358097**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Potlatch</u> (c) Street Address or R.F.D. No. <u>Larch St.</u> (d) Name of Hospital or Maternity Home: <u>At Froman Residence</u> (e) Mother's stay BEFORE delivery: IN THIS county / years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Potlatch</u> (d) Street Address or R.F.D. No. <u>Larch Street</u> (e) How long has MOTHER lived in Idaho? <u>1</u> yrs.	
4. FULL NAME OF CHILD <u>Irma Geraldine Froman</u>		5. Date of Birth of Child (Month, day, year) <u>July 15, 1910</u>	
6. Sex <u>FEMALE</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>YES</u>	
FATHER OF CHILD 10. FULL NAME <u>Charley Marvin Froman</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>26</u> yrs. 13. Birthplace <u>Pulman</u> <u>Washington</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Lumberman</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Macel Bertha O'Keefe</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>22</u> yrs. 19. Birthplace <u>Asotin</u> <u>Washington</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House Wife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 1:45 P.M. on the date (Born alive, ~~stillborn~~)
and at the place stated above, and that personal particulars were furnished by Macel Froman, who is related to this child as Mother
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature	M.D.	Address	Date
State of <u>Idaho</u> County of <u>Latah</u> } ss.			

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 32 years, and that Dr. Hines, who attended this birth, cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Macel O'Keefe Froman Signature
805 W. 6th St., Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of October, 1942.

(SEAL)

HARRY A. THATCHER, Ex-officio Auditor & Recorder, Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-91, Idaho Code Annotated.) By Rose E. Lawrence Dep.

Received for filing on OCT 14 1942 by Mary E. Lawrence, Registrar.

OCT 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

462-229-023-432

358124

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
OCT 28 1942
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **358124**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ben</u> (b) City <u>Emmett</u> (c) Street Address or R.F.D. No. <u>Emmett Ida</u> (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: IN THIS county years months <u>14</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ben</u> (c) City <u>Emmett</u> (d) Street Address or R.F.D. No. <u>Emmett</u> (e) How long has MOTHER lived in Idaho? <u>10</u> yrs.	
4. FULL NAME OF CHILD <u>Leola Isabel Mosman</u> 7. Twin or Triplet <u>✓</u> If so—born 1st, 2nd, 3rd		3. RESIDENCE OF FATHER (city, state) <u>Emmett</u> 5. Date of Birth of Child (Month, day, year) <u>Sept 29-1910</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Lee Frank Mosman</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>30</u> yrs. 13. Birthplace <u>Carrol Iowa</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farming</u> 15. Industry or Business <u>General farm and stock</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Elie Larina McKie</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>24</u> yrs. 19. Birthplace <u>Hopkins Missouri</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business <u>Farm</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. <u>1% Silver Nit Sol</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 10³⁴ 2 M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mrs Lee Mosman, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature J H Reynolds M.D. Midwife Address Emmett Ida Date 10-23-42
State of _____ County of _____ } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth. (First name) (Last name) (Is now deceased) or (Cannot be located)
I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address
Subscribed and sworn to before me this _____ day of _____, 19____.

(SEAL) _____ Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 10-29-42 by J H Reynolds Registrar.

MAY 15 1967

MAY 22 1975

JUL 7 1975

OCT 23 1966

AUG 25 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises:

192-116-092-364

358135

358135

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Lincoln</u> (b) City <u>Gooding</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>4</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Lincoln</u> (c) City <u>Gooding</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>4</u> yrs.	
4. FULL NAME OF CHILD <u>George Francis Arkoosh</u>		3. RESIDENCE OF FATHER (city, state) <u>Idaho</u>	

6. Sex <u>Male</u>		7. Twin or Triplet <u>Triplet</u>		8. No. months of Pregnancy <u>9</u>		9. Legitimate? <u>Yes</u>	
---------------------------	--	--	--	--	--	----------------------------------	--

FATHER OF CHILD 10. FULL NAME <u>Joseph Elias Arkoosh</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>33</u> yrs. 13. Birthplace <u>Mt. Labonn Syria</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Merchant</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Alice Comaty</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace <u>Beirute, Syria</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
---	--	---	--

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 32 years, and that F. F. Carey is deceased, who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

..... Signature
..... P. O. Address
Subscribed and sworn to before me this 26th day of October, 1942
(SEAL) Marion E. Orr Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

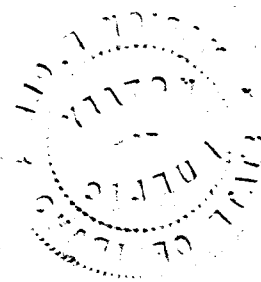
Received for filing on OCT 26 1942 by Mary E. Elder, Registrar.

OCT 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

OCT 16 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 358167
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County SHOSHONE (b) City WALLACE
(c) Street Address or R.F.D. No. FIRST ST
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay BEFORE delivery:
IN THIS county YES years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County SHOSHONE
(c) City WALLACE
(d) Street Address or R.F.D. No. FIRST ST
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) BERKELEY CALIF

4. FULL NAME
OF CHILD

ISABEL RUTH HEGER

6. Sex FEMALE

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) JAN. 25 1910

8. No. months
of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL
NAME ALMA JACOB HEGER

11. Color
or Race WHITE

12. Age at time
of THIS birth 32 yrs.

13. Birthplace SANTA ROSA CALIF
(City or town) (State or foreign country)

14. Exact
Occupation MANUFACTURER

15. Industry or
Business WEISER CO.

MOTHER OF CHILD

16. FULL MAIDEN
NAME WINIFRED ABIGAIL BEAL

17. Color
or Race WHITE

18. Age at time
of THIS birth 29 yrs.

19. Birthplace SAN ANDREAS CALIF
(City or town) (State or foreign country)

20. Exact
Occupation HOUSE WIFE

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 32 years, and that Dr. Stone, who attended this birth is now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 14th day of October, 1942

(SEAL)

C. M. Smith Notary Public, residing at Glendale, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.) May 5, 1943

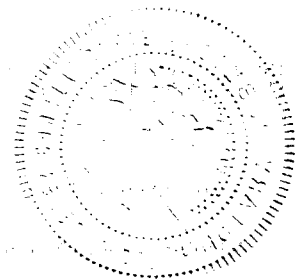
Received for filing on OCT 16 1942 by Maude J. Lister, Registrar.

OCT 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

547.221-267-843

358176

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
OCT 17 1942 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Blaine</u> (b) City <u>Soldier</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years <u>6</u> months <u>6</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Blaine</u> (c) City <u>Soldier</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>6 months</u> yrs.	
4. FULL NAME OF CHILD <u>Geraldine Edgerton</u>		5. Date of Birth of Child (Month, day, year) <u>May 21 1910</u>	
6. Sex <u>female</u> 7. Twin or Triplet 8. No. months of Pregnancy <u>9 mo</u> 9. Legitimate? <u>yes</u>			
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>James Edgar Edgerton</u>		16. FULL MAIDEN NAME <u>Harriet Lucile Hutton</u>	
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>23</u> yrs.		17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>26</u> yrs.	
13. Birthplace <u>Stromsburg Nebraska</u> (City or town) (State or foreign country)		19. Birthplace <u>Lincoln Nebraska</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Publisher</u>		20. Exact Occupation <u>house wife</u>	
15. Industry or Business <u>Newspaper</u>		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum.			
23. Number of children of this mother: (a) At time of birth and including this child <u>one</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
(First name) (Last name)
related to this child as
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Midwife** **Address** **Date**

State of California } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Los Angeles

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that Dr. Johnson, who attended this birth cannot be located I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harriet L. Edgerton Signature
740 So Hobart P. O. Address

Subscribed and sworn to before me this 16th day of October, 1942

(SEAL)

Dorothy E. Lee Notary Public, residing at 1641 N. 1st St.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code.) **NOTARY PUBLIC**
In and for the County of Los Angeles, State of California
My Commission Expires Feb. 18, 1945

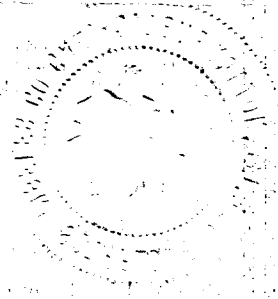
Received for filing on OCT 17 1942 by Mary J. B. B. Registrar.

OCT 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

669-115-1018-918

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 358193
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. R F D
(d) Name of Hospital or Maternity Home: OWN HOME
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Constant Claude Wortell
5. Date of Birth of Child (Month, day, year) May 15, 1910
6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** George Washington Wortell
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Lincoln California (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Caroline Daisy Rayer
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Oakland, California (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____

State of California
County of Placer ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 32 years, and that Dr. - Beeler, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

G.W. Wortell Signature
Route 1 Box 336 Fair Oaks Calif. P. O. Address

Subscribed and sworn to before me this 14 day of October, 1942

(SEAL) J. LeRoy Burns Notary Public, residing at Roseville Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by Marj T. Beeler, Registrar.

OCT 16 1942

JUL 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

254-2041029-154

United States (Be sure the information is as of date of birth of THIS child) State File No. **358200**
Department of Commerce OCT 19 1942 **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>MOSCOW</u> (c) Street Address or R.F.D. No. <u>R.F.D.</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>MOSCOW</u> (d) Street Address or R.F.D. No. <u>R.F.D.</u> (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>Edna Idaho Sedgwick</u>		5. Date of Birth of Child (Month, day, year) <u>April, 4, 1910</u>	
6. Sex <u>Female</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet <u>Triplet</u>		9. Legitimate? <u>Yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Walter Sebastian Sedgwick</u>		16. FULL MAIDEN NAME <u>Mattie Mathilda Anderson</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth. <u>40</u> yrs.		18. Age at time of THIS birth. <u>28</u> yrs.	
13. Birthplace <u>New York</u> (City or town) (State or foreign country)		19. Birthplace <u>Manchester</u> (City or town) (State or foreign country)	
14. Exact Occupation. <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum.			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			
ATTENDANT'S CERTIFICATE			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born alive</u> <u>6 P.M.</u> on the date <u>6</u> (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by <u>Mattie Sedgwick</u> , who is related to this child as <u>Mother</u> (First name) (Last name) (Mother, etc.)			
25. Attendant's OWN signature		M.D. Address Date	
State of <u>IOWA</u> County of <u>LINN</u> } ss.		AFFIDAVIT to be completed when the attendant does not sign in Item 25.	
I, the undersigned, being first duly sworn, say that I am the <u>Mother</u> of the person whose name appears in Item 4, above, that I am now <u>60</u> years of age, that I have known this person for <u>32</u> years, and that Dr. <u>Wick</u> , who attended this birth, <u>Cannot be located</u> I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)			
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.			
<u>X</u> <u>Mattie Mathilda Sedgwick</u> Signature <u>1024-4th Ave. E.</u> <u>Cedar Rapids, Iowa</u> P. O. Address			
Subscribed and sworn to before me this <u>16th</u> day of <u>Oct</u> , 19 <u>42</u>			
(SEAL) <u>Frank C. [Signature]</u> Notary Public, residing at <u>Cedar Rapids, Iowa</u>			
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)			
Received for filing on <u>OCT 19 1942</u> by <u>Mary E. [Signature]</u> , Registrar.			

008733

OCT 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

714-118.006-165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
OCT 19 1947
CERTIFICATE OF BIRTH
STATE OF IDAHO

358205
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>Shelley</u> (c) Street Address or R.F.D. No. <u>Wilson Ranch</u> (d) Name of Hospital or Maternity Home: <u>Born at home</u> (e) Mother's stay BEFORE delivery: IN THIS county years <u>5</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Shelley</u> (d) Street Address or R.F.D. No. <u>Wilson Ranch</u> (e) How long has MOTHER lived in Idaho? <u>15 yrs</u>	
4. FULL NAME OF CHILD <u>Heber Glow Paulsen</u>		5. Date of Birth of Child (Month, day, year) <u>August 18, 1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9 Months</u> Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Charles Marion Paulsen</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>28</u> yrs. 13. Birthplace <u>Haiview, Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Rancher</u> 15. Industry or Business <u>Ranching</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Emily Elizabeth Jones</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>37</u> yrs. 19. Birthplace <u>Parowan, Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>None</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date born alive
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Emily E. Paulsen who is related to this child as Mother
 (First name) (Last name)
25. Attendant's OWN signature Edwin Outler **M.D.** Midwife **Address** Shelley Ida **Date** 10-8-47
 State of Idaho **ss.**

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth, _____ I further state that
 (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

_____ Signature
 _____ P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19_____

(SEAL)

Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by Mabel E. Fisher Registrar.

208888

JAN 3 1974

OCT 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth~~ which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

362-119-001-419
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **358217**
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
OCT 19 1942 STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1312 North 6th
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 6 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1312 N. 6th
(e) How long has **MOTHER** lived in Idaho? 6 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Calvin Warner Cobler

5. Date of Birth of Child Jan 19, 1910
(Month, day, year)

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Henry Cobler
11. Color or Race white 12. Age at time of THIS birth 42 yrs.
13. Birthplace Abingdon, Ont. Canada
(City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business same

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Beatrice Warner
17. Color or Race white 18. Age at time of THIS birth 30 yrs.
19. Birthplace Abingdon, Ont. Canada
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of Washington } ss.
County of King

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that Lewis C. Bowers M.D. who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura B. Cobler Signature
4737-37th SW - Seattle, Wn. P. O. Address

Subscribed and sworn to before me this 5 day of October, 1942

(SEAL) _____ Notary Public, residing at Olympia
(Note: Perjury is punishable as a felony in Idaho; see 17-914, Idaho Code Annotated.)

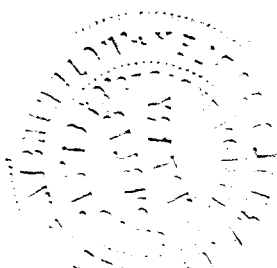
Received for filing on OCT 19 1942 by Mabel E. Fisher, Registrar.

115370
OCT 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

294-112-206-251

United States
Department of Commerce
Bureau of the Census

OCT 19 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

358247

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. Rt. #1
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county yrs years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. Rt. #1
(e) How long has **MOTHER** lived in Idaho? yrs yrs.

4. **FULL NAME OF CHILD** BERT LEE BRUCE

5. Date of Birth of Child
(Month, day, year) June 12, 1910

6. Sex Male 7. Twin or Triplet 1st If so—born 1st, 2nd, 3rd 1st 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William F. Bruce</u>	16. FULL MAIDEN NAME <u>Nellie May Beasley</u>	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>yrs.</u>
11. Birthplace (City or town) (State or foreign country)	19. Birthplace (City or town) (State or foreign country)	20. Exact Occupation <u>Farming</u>	21. Exact Occupation <u>Housewife</u>
12. Age at time of THIS birth <u>yrs.</u>	22. Age at time of THIS birth <u>yrs.</u>	23. Industry or Business	24. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Nellie Bruce who is related to this child as Mother (First name) (Last name)

25. Attendant's (Mother, etc.) M.D. Midwife Address Blackfoot Idaho Date Oct 14-1942

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name) who attended this birth. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature _____
P. O. Address _____
Subscribed and sworn to before me this _____ day of _____, 19_____

(SEAL) _____ Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by Mabel E. Beasley Registrar.

APR 14 1975

OCT 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

285-1204-006-533

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **359269**
Local Reg. No.
Reg. Dist. No.

OCT 20 1942

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>BINGHAM</u> (b) City <u>SHELLEY</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>1</u> years <u>4</u> months — days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>BINGHAM</u> (c) City <u>SHELLEY</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>1 1/2</u> yrs.	
4. FULL NAME OF CHILD <u>VIRGINIA SHELLEY</u>		3. RESIDENCE OF FATHER (city, state) <u>SAME</u>	

6. Sex <u>FEMALE</u> 7. Twin or Triplet 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>		5. Date of Birth of Child (Month, day, year) <u>MAR 4-1910</u>	
FATHER OF CHILD 10. FULL NAME <u>THOMAS WASHBURN SHELLEY</u> 11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>22</u> yrs. 13. Birthplace <u>IONA</u> <u>IDAHO</u> (City or town) (State or foreign country) 14. Exact Occupation <u>MERCHANT</u> 15. Industry or Business <u>SHELLEY MERCANTILE CO.</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>GENEVIEVE ELLIOTT</u> 17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth <u>21</u> yrs. 19. Birthplace <u>PROVO</u> <u>UTAH</u> (City or town) (State or foreign country) 20. Exact Occupation <u>HOUSEWIFE</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. argyrol 10%
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 6 P.M. on the date March 4, 1942 and at the place stated above, and that personal particulars were furnished by Genevieve Shelley, who is related to this child as Mother (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Edwin Cutler M.D. Address Shelley Ida Date 10-19-42

State of Idaho County of Bingham **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Edwin Cutler (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 22 years of age, that I have known this person for 22 years, and that Genevieve Shelley (First name) (Last name), who attended this birth. I further state that (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature _____
P. O. Address _____
Subscribed and sworn to before me this _____ day of _____, 19____.

(SEAL) Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on OCT 20 1942 by Marj E. Sullivan, Registrar.


208881

OCT 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

619-107-007-152

United States
Department of Commerce
Bureau of the Census

OCT 19 1942

Ensure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State Reg. No.
Local Reg. No.
Reg. Dist. No.

359291

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Carey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years months days

4. FULL NAME OF CHILD

Harold Brigham Furnworth

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8th

FATHER OF CHILD

10. FULL NAME John Will Farmworth
11. Color or Race White 12. Age at time of THIS birth 48 yrs.
13. Birthplace Mr. Pleasant, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine
(c) City Carey
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 36 yrs.

3. RESIDENCE OF FATHER (city, state) Carey, Idaho

5. Date of Birth of Child (Month, day, year) March 7, 1910

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD
16. FULL MAIDEN NAME

Arnie C. Jensen
17. Color or Race White 18. Age at time of THIS birth 44 yrs.
19. Birthplace Mr. Pleasant, Utah
(City or town) (State or foreign country)
20. Exact Occupation House Keeping
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Idaho M.D. Unknown Address Unknown Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4 above, that I am now 75 years of age, that I have known this person for 37 years, and that Leola Howard who attended this birth Cannot be located further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arnie C. Farmworth
Carey, Idaho

Signature

P. O. Address

Subscribed and sworn to before me this 16th day of October, 1942

(SEAL)

Alice A. York

Notary Public, residing at Carey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

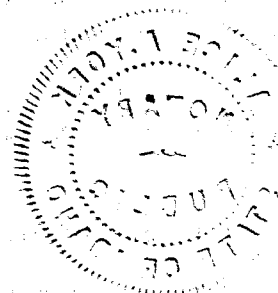
Received for filing on OCT 19 1942 by Marj H. Jensen, Registrar.

188078
OCT 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

141-2121028-436

339801

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census OCT 21 1942 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: 19 years 19 months 19 days
IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Laura Elizabeth Adams
5. Date of Birth of Child Aug 12 1910
(Month, day, year)

6. Sex female 7. Twin or Triplet single If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Steve Adams
11. Color white 12. Age at time of THIS birth 40 yrs.
13. Birthplace Denver (City or town) (State or foreign country)
14. Exact Occupation Bar tender
15. Industry or Business Saloon

MOTHER OF CHILD
16. FULL MAIDEN NAME Bertha McFadden
17. Color white 18. Age at time of THIS birth 19 yrs.
19. Birthplace Harrison Idaho (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature [Signature] M.D. [Signature] Address [Signature] Date [Signature]
State of Washington County of Cowlitz } ss.
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 32 years, and that Can not recall name, who attended this birth. can not be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mr Bertha S Chaly Signature
Woodland Washington P. O. Address
Subscribed and sworn to before me this 6 day of August 19 42
(SEAL) Amos O Baker Notary Public, residing at Woodland
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 21 1942 by Mari [Signature] Registrar.

10502E
MAY 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

814-11-207-367

359338

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>BUTTE</u> (b) City <u>HAILEY</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>PARENTS HOME</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>30</u> years <u>4</u> months <u>2</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>BLAINE</u> (c) City <u>HAILEY</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>32</u> yrs.	
4. FULL NAME OF CHILD <u>Billy Clyde Haupt</u> 7. Twin or Triplet <u>Yes</u> If so—born 1st, 2nd, 3rd		5. Date of Birth of Child (Month, day, year) <u>June 11, 1910</u> 8. No. months of Pregnancy <u>NINE</u> 9. Legitimate? <u>YES</u>	
FATHER OF CHILD 10. FULL NAME <u>VICTOR CHARLES HAUPT</u> 11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>38</u> yrs. 13. Birthplace <u>HAMILTON NEVADA</u> <u>U S A</u> (City or town) (State or foreign country) 14. Exact Occupation <u>MINER (LEAD & SILVER)</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Maude Copeland</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>35</u> yrs. 19. Birthplace <u>CORINNE UTAH</u> (City or town) (State or foreign country) 20. Exact Occupation <u>HOUSE WIFE</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child.....5..... (b) Born alive and now living.....6.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is related to this child as
 (First name) (Last name)
 (Mother, etc.)
25. Attendant's OWN signature M.D. Address Date

State of Oregon }
 County of Deschutes } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 32 years, and that ? Kleinman who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maude Haupt Signature

364 E Greenwood Ave, Bend, Ore. O. Address

Subscribed and sworn to before me this 17th day of October 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 21 1942 by Maude Haupt Registrar.

OCT 23 1942

APR 20 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

366-211-025-384

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

359345
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No. Rural Route
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
IN THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No. Rural Route
(e) How long has MOTHER lived in Idaho? 8 yrs.

4. FULL NAME
OF CHILD

Minnie Goldie Cooper

6. Sex

Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL
NAME

Benjamin R. Cooper

11. Color
or Race

White

12. Age at time
of THIS birth 34 yrs.

13. Birthplace

Chesedale, California

14. Exact
Occupation

Rancher—Sheep raising

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN
NAME

Frances Grover Church

17. Color
or Race

White

18. Age at time
of THIS birth 23 yrs.

19. Birthplace

Pearson, N. Carolina

20. Exact
Occupation

Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at..... M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Frances Church, who is
related to this child as mother (First name) (Last name)
(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of

County of

Idaho

neg. source

ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the friend of the person whose name appears
in Item 4, above, that I am now 66 years of age, that I have known this person for 32 years, and that
Doctor Blake, who attended this birth is now deceased, I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Daisy B South

2335 Hwy 1 - Lewiston Idaho Signature

Subscribed and sworn to before me this 28 day of Sept, 1942

(SEAL)

Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 23 1942 by Mabel E. Eklund Registrar.

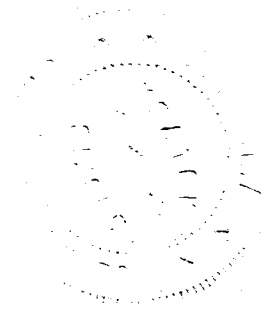
OCT 4 1968

OCT 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

962-102-009-962

United States
Department of Commerce
Bureau of the Census

OCT 21 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359366
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sand Point
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay BEFORE delivery:
IN THIS county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sand Point
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 12 yrs.

4. FULL NAME OF CHILD Nathan Nyland Robeson

5. Date of Birth of Child
(Month, day, year) April 2, 1910

6. Sex Male 7. Twin or Triplet -- If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Albert Robeson
11. Color White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Chicago Illinois
(City or town) (State or foreign country)
14. Exact Occupation Timber business
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME (Maude A. Robeson)
17. Color White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Missouri
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 2 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Charles Albert Robeson who is related to this child as Father (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Charles Albert Robeson M.D. Address P.O. Box 696 Eagle Point, Ore. Date 8/22/42

State of OREGON
County of JACKSON } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person since birth years, and that Dr. McKinnon who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Albert Robeson Signature
P.O. Box 696, Eagle Point, Oregon P. O. Address

Subscribed and sworn to before me this 22nd day of August, 19 42

(SEAL) Helma Short Notary Public, residing at Eagle Point, Ore
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) JURY PUBLIC FOR OREGON

Received for filing on OCT 21 1942 by Manfred Registrar
My Commission Expires 2-28-44

OCT 27 1942,

MAR 5 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **359414**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. R. F. D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years. months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. R. F. D.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Twin Falls, Idaho

4. **FULL NAME OF CHILD** Clinton Arthur Jewett
5. Date of Birth of Child (Month, day, year) Oct. 10, 1910
6. Sex male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>John Fred Jewett</u>	16. FULL MAIDEN NAME <u>Sara E. James</u>	11. Color <u>white</u>	17. Color <u>white</u>
12. Age at time of THIS birth <u>44</u> yrs.	18. Age at time of THIS birth <u>34</u> yrs.	13. Birthplace <u>Mass.</u> (City or town) (State or foreign country)	19. Birthplace <u>Anderson, California</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Farmer</u>	20. Exact Occupation <u>Housewife</u>	15. Industry or Business <u>Farmer</u>	21. Industry or Business <u>Housewife</u>

22. Name prophylactic used to prevent Ophthalmia Neonatorum:

23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California }
County of Los Angeles } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for since birth years, and that Dr. Morgan (First name) (Last name) who attended this birth can not be located I further state that (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sara E. Jewett Signature

231 N. Merced Ave., Baldwin Park, Calif. Address

Subscribed and sworn to before me this 14th day of October, 1942
(SEAL) Wilfred L. Steele Notary Public, residing at Baldwin Park, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 26 1942 by Marj E. Eddins Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 36, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

OCT 24 1942

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **359415**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Spirit Lake
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years 10 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Spirit Lake
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 2 1/2 yrs.

4. **FULL NAME OF CHILD** Valencia Sybil Martin
6. Sex Female 7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

3. **RESIDENCE OF FATHER** (city, state) Spirit Lake, Idaho
5. Date of Birth of Child (Month, day, year) Feb. 14, 1910
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Henry Charles Martin
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace England
(City or town) (State or foreign country)
14. Exact Occupation Store proprietor & shoemaker
15. Industry or Business Shoe business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Alice Duxbury
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace England
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____.
(Born alive, stillborn) (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** _____ M.D. _____ Midwife _____ Address _____ Date _____

State of California }
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 32 years, and that Dr. Earl S. Prindle, who attended this birth, is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel L. Anderson Signature
6111 Harcourt Ave, Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me this 21 day of Oct, 1942

(SEAL) Notary Public, residing at Los Angeles, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated, Commission Expires June 3, 1946)

Received for filing on OCT 24 1942 by Mabel L. Anderson Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

553-102 1235-238

United States (Be sure the information is as of date of birth of THIS child) State File No. **359416**
Department of Commerce **OCT 22 1942** **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census **STATE OF IDAHO** Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Kamiah
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: 2 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Kamiah
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kamiah, Idaho

4. **FULL NAME OF CHILD** BARTHOLESS E. VICTOR NELSON

5. Date of Birth of Child (Month, day, year) October 2, 1910

6. Sex MALE 7. Twin or Triplet 0 If so—born 1st, 2nd, 3rd 0

8. No. months of Pregnancy Nine 9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Ben Morius Nelson</u>	16. FULL MAIDEN NAME <u>Elizabeth Schmidt</u>	17. Color <u>White</u>	18. Age at time of THIS birth <u>23</u> yrs.
11. Birthplace <u>Danville, Illinois</u> (City or town) (State or foreign country)	19. Birthplace <u>Genesee, Idaho</u> (City or town) (State or foreign country)	20. Exact Occupation <u>Housewife</u>	21. Industry or Business <u>At home</u>
12. Age at time of THIS birth <u>26</u> yrs.			
13. Exact Occupation <u>Barber - own business</u>			
14. Industry or Business <u>Barber business</u>			

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature No Doctor present M.D. Midwife Address Date

State of Washington County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 35 years of age, that I have known this person for 32 years, and that Lophia Schmidt who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Nelson Signature
1368 Jerome Ave Yakima P. O. Address

Subscribed and sworn to before me this 20 day of October, 1942

(SEAL) Robert L. Saxton Notary Public, residing at Yakima
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

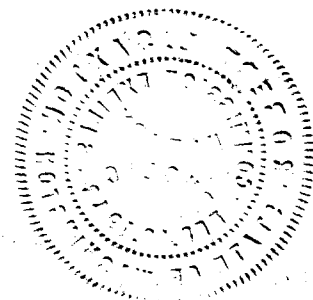
Received for filing on OCT 22 1942 by [Signature] Registrar.

NOV 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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219-126042-365

359417

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

OCT 16 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Truman Falls
(c) Street Address or R.F.D. No. 703 2nd ave. N.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay BEFORE delivery:
IN THIS county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Truman Falls
(c) City Truman Falls
(d) Street Address or R.F.D. No. 703 2nd ave. N.
(e) How long has MOTHER lived in Idaho? 32 yrs.

4. FULL NAME OF CHILD Parris Emmett Kail

3. RESIDENCE OF FATHER (city, state) Truman Falls, Ida
5. Date of Birth of Child
(Month, day, year) Nov 26 1910

6. Sex Boy 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Emmett E. Kail
11. Color White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Carleton, Mayate Co. Iowa
(City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Barbar Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Murtle Compton
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Carlisle, Iowa
(City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Agrippin
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date and at the place stated above, and that personal particulars were furnished by Murtle Kail, who is related to this child as (First name) (Last name)

25. Attendant's OWN signature H. H. Pike M.D. Address Orland, Idaho Date 10/23/42
State of Iowa ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 32 years, and that Emmett E. Kail who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Emmett E. Kail P. O. Address Truman Falls, Idaho
Subscribed and sworn to before me this 14th day of October, 1942
(SEAL) R. M. Smith Notary Public, residing at Truman Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on OCT 26 1942 by Mary E. Eder Registrar.

SEP 5 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DECEASED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

795-2081-033-719
United States (Be sure the information is as of date of birth of THIS child)
Department of Commerce OCT-25 1942 CERTIFICATE OF BIRTH
Bureau of the Census STATE OF IDAHO
State File No. 359426
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Madison</u> City <u>Sugar City</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Stayed at home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>one</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Madison</u> (c) City <u>Sugar City</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>38</u> yrs.	
4. FULL NAME OF CHILD <u>Winnie Menona Pinney</u>		5. Date of Birth of Child (Month, day, year) <u>Oct 8-1926</u>	
6. Sex <u>Female</u> 7. Twin or Triplet <u>Triplet</u> 8. If so—born 1st, 2nd, 3rd <u>No</u> 9. of Pregnancy <u>9</u> 9. Legitimate?		3. RESIDENCE OF FATHER (city, state) <u>Sugar City</u>	
FATHER OF CHILD 10. FULL NAME <u>Chauncey Austin Pinney</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>24</u> yrs. 13. Birthplace <u>Grid City Kansas</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Labor</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Elsie Gardner</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>19</u> yrs. 19. Birthplace <u>Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>4</u>			
ATTENDANT'S CERTIFICATE			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born alive</u> at <u>8:00 A.M.</u> on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by <u>Elsie</u> <u>Gardner</u> , who is related to this child as <u>Mother</u> (First name) (Last name) (Mother, etc.)			
25. Attendant's OWN signature <u>Elsie Pinney</u> M.D. <u>331 Wilmington boulevard</u> Address <u>Wilmington, Calif</u> Date <u>10/24/42</u> State of <u>California</u> County of <u>Los Angeles</u> } ss.			
AFFIDAVIT to be completed when the attendant does not sign in Item 25.			
I, the undersigned, being first duly sworn, say that I am the <u>Mother</u> of the person whose name appears in Item 4, above; that I am now <u>51</u> years of age, that I have known this person for <u>32</u> years, and that <u>Doctor Shoupe</u> , who attended this birth, <u>cannot be located</u> I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)			
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.			
<u>Elsie Pinney</u> Signature <u>331 Wilmington blvd., Wilmington, California</u> P. O. Address			
Subscribed and sworn to before me this <u>24th</u> day of <u>October</u> , 19 <u>42</u> My Commission Expires January 23, 1943 (SEAL) <u>C. J. DeFor</u> Notary Public, residing at <u>Long Beach</u> (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) <u>California</u>			
Received for filing on <u>OCT 25 1942</u> by <u>Maud Z. Keeler</u> , Registrar.			

FEB 26 1969

807 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

244-230-007-614

359462

359462

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Carey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: _____
IN **THIS** county / years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine
(c) City Carey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? / yrs.

4. FULL NAME OF CHILD

Audra Virginia Sumner

5. Date of Birth of Child

(Month, day, year) July 30, 1910

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Martin Vanburen Sumner
11. Color or Race white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Salax, Virginia
(City or town) (State or foreign country)
14. Exact Occupation Harming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertude L. Haddis
17. Color or Race white 18. Age at time of THIS birth 18 yrs.
19. Birthplace Woodlawn, Virginia
(City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Gargol 1070
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 3 9 M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by James V. Haddis, who is related to this child as mother (First name) (Last name)

25. Attendant's OWN signature [Signature] M.D. Midwife Address Idaho, Pa. Date Oct 14/12

State of _____ County of _____ SS. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth. (First name) (Last name) (Is now deceased) or (Cannot be located)
I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

_____. Signature
_____. P. O. Address
Subscribed and sworn to before me this _____ day of _____, 19____.

(SEAL) _____ Notary Public, residing at /
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by Mary E. Egan, Registrar.

OCT 30 1942

OCT 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

533-114003-785

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **359491**
Local Reg. No.
Reg. Dist. No.

OCT 26 1942

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Lago</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mother's stay BEFORE delivery: <u>IN THIS</u> county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Lago</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>30 Yrs.</u>	
4. FULL NAME OF CHILD <u>Gordon Melvin Elliott</u>		3. RESIDENCE OF FATHER (city, state) <u>30 yrs.</u>	

6. Sex <u>Male</u>	7. Twin or Triplet <u>single</u>	If so—born 1st, 2nd, 3rd	5. Date of Birth of Child (Month, day, year) <u>1-14-1910</u>
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FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>James Clyde Elliott</u>	16. FULL MAIDEN NAME <u>Caroline Pherson</u>		
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>56</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>40</u> yrs.
13. Birthplace <u>Perth</u> (City or town) <u>England</u> (State or foreign country)		19. Birthplace <u>Copenhagen</u> (City or town) <u>Denmark</u> (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business <u>Farming</u>		21. Industry or Business <u>none</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Grays Harbor } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 32 years, and that Mrs. Christine Hansen is now deceased who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margoneve Hale Signature
P. O. Box 724 Aberdeen Wash. P. O. Address

Subscribed and sworn to before me this 21st day of September, 19 42

(SEAL) [Signature] Notary Public, residing at Aberdeen, Wa.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code annotated.)

Received for filing on OCT 26 1942 by Mary E. E. E. Registrar.

JUL 24 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 6 1951

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

219-101032-493

United States
Department of Commerce
Bureau of the Census

OCT 26 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **359615**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lincoln (b) City Hagerman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Rem in Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 26 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Hagerman
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

4. **FULL NAME OF CHILD** MERRIL EARNEST BARTON
6. Sex Male 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Hagerman - Idaho
5. Date of Birth of Child (Month, day, year) 10-1-1910
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** RALPH WALDO BARTON
11. Color White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Cedar Rapids Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own Farm

MOTHER OF CHILD
16. **FULL MAIDEN NAME** LURA ALICE MILLET
17. Color White 18. Age at time of THIS birth 28 yrs.
19. Birthplace MARYSVILLE - UTAH
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature [Signature] M.D. Address Date

State of Idaho
County of Booming } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 32 years, and that DR. FRANK D. NER who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ralph W. Barton Signature
Hagerman - Idaho P. O. Address

Subscribed and sworn to before me this 7 24th day of October, 1942
(SEAL) [Signature] Notary Public, residing at Hagerman - Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

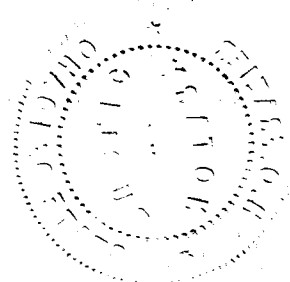
Received for filing on OCT 26 1942 by Mary E. [Signature] Registrar.

116008

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359519
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Nez Perce (b) City MYRTLE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
FAMILY HOME
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years _____ months _____ days

4. FULL NAME
OF CHILD

Lyle Everett Gillel

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Stephen Andrew Gillel
11. Color White 12. Age at time
or Race of THIS birth 31 yrs.
13. Birthplace Princeton, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Black Smith
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Nez Perce
(c) City MYRTLE
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho - MYRTLE

5. Date of Birth of Child
(Month, day, year) Jan. 21, 1910

8. No. months

of Pregnancy 8

9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Elizabeth Stevens
17. Color White 18. Age at time
or Race of THIS birth 23 yrs.
19. Birthplace Genesee, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of Washington ss.
County of King

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 31 years, and that Dr. W. H. M. D., who attended this birth cannot be located, I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Stephen C. Gillel Signature
1102 7th Ave. S.W. Seattle P. O. Address

Subscribed and sworn to before me this 15 day of July, 1942

(SEAL)

Harold Moore Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

OCT 26 1942

by

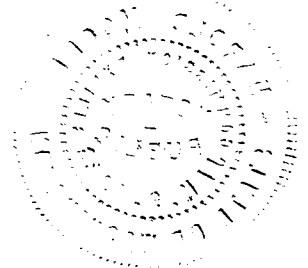
Marj Steffen

Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

735-115-016-689

United States (Be sure the information is as of date of birth of THIS child)
Department of Commerce
Bureau of the Census

OCT 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **359521**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Elba
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 26 years 3 months 13 days

4. FULL NAME OF CHILD Vernel Delcar Glenn

6. Sex Male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. **FULL NAME** James D. Glenn
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Salt Lake City Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia
(c) City Elba
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. RESIDENCE OF FATHER (city, state) Elba Idaho

5. Date of Birth of Child
(Month, day, year) 15 Dec 1910

8. No. months of Pregnancy Nine 9. Legitimate? yes

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Malena Whitaker
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Willard Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother; (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was yes at yes M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Margaret M. Glenn, who is
related to this child as Mother
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 58 years of age, that I have known this person for 31 years, and that
Margaret M. Glenn who attended this birth. Deceased
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Malena Glenn Signature

Subscribed and sworn to before me this 23rd day of Oct 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public, residing at Twin Falls, Idaho

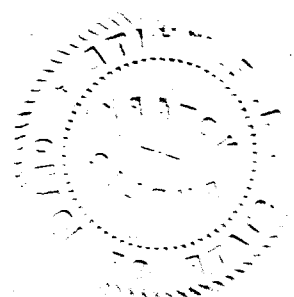
Received for filing on OCT 26 1942 by Margaret M. Glenn Registrar.

128025

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



359573

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....

OCT 25 1942

CERTIFICATE OF BIRTH

Local Reg. No.....

STATE OF IDAHO

Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Bannock (b) City Blaser
(c) Street Address or R.F.D. No. Law's Flat Spg.
(d) Name of Hospital or Maternity Home:
Mother's own home
(e) Mother's stay BEFORE delivery:
IN THIS county 10 years 2 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Bannock
(c) City Blaser
(d) Street Address or R.F.D. No. Law's Flat Spg.
(e) How long has MOTHER lived in Idaho? 62 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child
(Month, day, year) Sept 19, 1910

4. FULL NAME OF CHILD Regina Cecelia Hallinan

6. Sex female 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Hallinan
11. Color white 12. Age at time of THIS birth 51 yrs.
13. Birthplace Dungannon Ireland
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Theresa Potter
17. Color white 18. Age at time of THIS birth 31 yrs.
19. Birthplace Oxford Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 9 P. M. on the date (Born alive, stillborn)and at the place stated above, and that personal particulars were furnished by Laura Potter Hallinan who is related to this child as mother (First name) (Last name)25. Attendant's OWN signature Ellis K. Cox M.D. Midwife Address Soda Spring Date 8-25-42

State of..... County of..... ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that

(First name) (Last name) who attended this birth..... I further state that (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 25 1942 by Marl E. Eber Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

863-219-003-763

JUL 6 1972

AGT 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

359597

365-222-004-944
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
OCT 28 1942
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bear Lake</u> (b) City <u>Montpelier,</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>10</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bear Lake</u> (c) City <u>Montpelier,</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>10</u> yrs.	
4. FULL NAME OF CHILD <u>Magdalene Loertscher</u>		3. RESIDENCE OF FATHER (city, state) <u>Montpelier Idaho.</u>	
6. Sex <u>female</u> 7. Twin or <u>Triplet</u> If so—born <u>1st, 2nd, 3rd</u>		5. Date of Birth of Child (Month, day, year) <u>6/22/1910</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Gottlieb Loertscher</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth. <u>38</u> yrs. 13. Birthplace <u>Wimmis, Switzerland</u> (City or town) (State or foreign country) 14. Exact Occupation. <u>Farming.</u> 15. Industry or Business <u>None</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Elizabeth Zmutt</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth. <u>32</u> yrs. 19. Birthplace <u>Zwieselberg, Switzerland.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife.</u> 21. Industry or Business <u>None</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho
County of Bear Lake, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for all her life. years, and that Had no attendant none. who attended this birth. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Loertscher
Montpelier, Idaho.

Signature

P. O. Address

Subscribed and sworn to before me this 27th day of October, 1942.

(SEAL)

Charles E. Harris Notary Public, residing at Montpelier, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-614, Idaho Code Annotated.)

Received for filing on OCT 28 1942 by Marj 26 Registrar.

OCT 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

485-123-242-222
United States (Be sure the information is as of date of birth of THIS child) State File No. **359614**
Department of Commerce **OCT 28 1942** **CERTIFICATE OF BIRTH** Local Reg. No. _____
Bureau of the Census STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Twain Halls</u> (b) City <u>Rockcreek</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>private home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>1</u> years <u>6</u> months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Twain Halls</u> (c) City <u>Rockcreek</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>23</u> yrs	
4. FULL NAME OF CHILD <u>Wiley Berteram Dyer</u>		5. Date of Birth of Child (Month, day, year) <u>Oct. 23, 1910</u>	
6. Sex <u>Male</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Wiley Dow Dyer</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>53</u> yrs. 13. Birthplace <u>Covegap, Virginia</u> (City or town) (State or foreign country) 14. Exact Occupation <u>farming</u> 15. Industry or Business <u>farming</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Katherine Norman</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>49</u> yrs. 19. Birthplace <u>Salt Lake, Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business <u>none</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>1</u>			

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by Katherine Dyer who is related to this child as Mother (Mother, etc.)
25. Attendant's OWN signature Katherine Dyer Address Burley, Ida. Date Oct. 24, 1942

State of Idaho County of Cassia } ss.
AFFIDAVIT to be completed when the attendant does not sign in Item 25.
I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 32 years, and that Dr. D. P. Albright (First name) (Last name), who attended this birth is now deceased (is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
Signature Katherine Dyer P. O. Address Burley, Idaho
Subscribed and sworn to before me this 27 day of October, 1942
(SEAL) Henry W. Vankirk Notary Public, residing at Burley, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-94, Idaho Code.)

Received for filing on OCT 28 1942 by Marj E. Egan Registrar.

OCT 31 1942.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

493-119-007-913

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
OCT 28 1942 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. **359616**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County BLAINE (b) City HAILEY (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years 30 months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State Idaho (b) County BLAINE (c) City HAILEY (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? 30 yrs.	
3. RESIDENCE OF FATHER (city, state) HAILEY Idaho		5. Date of Birth of Child (Month, day, year) APRIL 19 1910	

4. FULL NAME OF CHILD DANIEL EDWARD MILLER		6. Sex MALE	
7. Twin or Triplet If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy 9	
9. Legitimate? YES			

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME DANIEL R MILLER	16. FULL MAIDEN NAME EDWICE MARY RATHBONE	17. Color or Race White	18. Age at time of THIS birth 30 yrs.
11. Birthplace INDIANA (City or town) (State or foreign country)	19. Birthplace BELLEVEUE Idaho (City or town) (State or foreign country)	20. Exact Occupation HOUSE WIFE	21. Industry or Business
12. Exact Occupation RANCHER			

22. Name prophylactic used to prevent Ophthalmia Neonatorum. **ARGYROL**

23. Number of children of this mother: (a) At time of birth and including this child **4** (b) Born alive and now living **5**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature	M.D.	Address	Date
--------------------------------------	-------------	----------------	-------------

State of **Idaho** } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of **Kootenai**

I, the undersigned, being first duly sworn, say that I am the **BROTHER** of the person whose name appears in Item 4. above, that I am now **39** years of age, that I have known this person for **32** years, and that **E.W. KLEINMAN, M.D.** who attended this birth **CANNOT BE LOCATED** I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

H. P. Miller Signature
Post Falls Id P. O. Address

Subscribed and sworn to before me this **23** day of **Oct**, 19**42**
(SEAL) **W. D. Chapin** Notary Public, residing at **Post Falls Id**
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **OCT 28 1942** by **Mabel E. Fisher** Registrar.

OCT 31 1942

NOV 3 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

OCT 28 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

359620

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootnai (b) City Rathdrum
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....

(e) Mother's stay BEFORE delivery:

IN THIS county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootnai
(c) City Rathdrum
(d) Street Address or R.F.D. No.....

(e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Christian Francis Henry Weinman

5. Date of Birth of Child
(Month, day, year) Oct. 29, 1910

6. Sex Male

7. Twin or
Triplet Single

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Weinman
11. Color White 12. Age at time
or Race of THIS birth 35 yrs.
13. Birthplace Germany
(City or town) (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Martin
17. Color White 18. Age at time
or Race of THIS birth 24 yrs.
19. Birthplace County Cavin Ireland
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.
Midwife

Address

Date

State of Washington
County of Grant ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....mother.....of the person whose name appears
in Item 4, above, that I am now 65 years of age, that I have known this person for 31 years, and that
Dr. Frank Wood who attended this birth.....is now dead I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Mary Weinman Signature
Ephrata, Washington P. O. Address

Subscribed and sworn to before me this 22nd day of June, 1942.

(SEAL)

James F. MacCurie Notary Public, residing at Ephrata

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 28 1942 by Mary E. Egan Registrar.

OCT 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

685-108028-165
United States (Be sure the information is as of date of birth of THIS child) State File No. 359621
Department of Commerce OCT 28 1942 CERTIFICATE OF BIRTH
Bureau of the Census STATE OF IDAHO Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Kootenai</u> (b) City <u>Spirit Lake</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>born at home</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Kootenai</u> (c) City <u>Spirit Lake</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs.	
4. FULL NAME OF CHILD <u>Robert Rowland Wynne</u> 6. Sex <u>Male</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		3. RESIDENCE OF FATHER (city, state) 5. Date of Birth of Child (Month, day, year) <u>Dec. 8, 1910</u> 8. No. months of Pregnancy 9. Legitimate?	
FATHER OF CHILD 10. FULL NAME <u>Robert Thomas Wynne</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>30</u> yrs. 13. Birthplace <u>Bordorgan Wales</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Carpenter</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Amy Jones</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace <u>Liverpool, England</u> (City or town) (State or foreign country) 20. Exact Occupation 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child...1..... (b) Born alive and now living 4.....

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 12 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Amy Wynne, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)
25. Attendant's OWN signature M.D. Address Date
OWN signature Midwife Address Date

State of Washington } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Snohomish }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 31 years, and that DR KIMBALL who attended this birth. Cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amy Wynne Signature
Route 4 Everett Wash P. O. Address
Subscribed and sworn to before me this 26th day of October, 1942
(SEAL) Ed. Raymond Notary Public, residing at Everett
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 28 1942 by Mary E. Eber, Registrar.

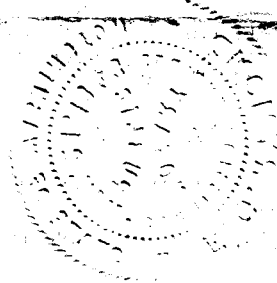
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OCT 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

815-207-214-354

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

359629

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Hampton
(c) Street Address or R.F.D. No. Que. 4th St.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay ~~BEFORE~~ delivery:
IN THIS county 2 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County County
(c) City Hampton, Idaho
(d) Street Address or R.F.D. No. Que. 5th St.
(e) How long has MOTHER lived in Idaho? 2 mo.

3. RESIDENCE OF FATHER (city, state) Hampton, Idaho

4. FULL NAME OF CHILD

Evelyn Marie Yancey

5. Date of Birth of Child
(Month, day, year)

July 7, 1910

6. Sex Female 7. Twin or Triplet so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jerry Arnold Yancey

11. Color or Race white 12. Age at time of THIS birth 27 yrs.

13. Birthplace Keokuk, Missouri
(city or town) (State or foreign country)

14. Exact Occupation Real Estate Salesman

15. Industry or Business Real Estate

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva May Lemen

17. Color or Race white 18. Age at time of THIS birth 21 yrs.

19. Birthplace Irwin, Nebraska
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 12 P.M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 37 years, and that

John S. Hosmer who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva M. Yancey Signature

725 Harbor Hills Torrance Calif P. O. Address

Subscribed and sworn to before me this 28 day of October, 1942
(SEAL) Commission Expires November 18, 1942

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Dean L. Seare Notary Public, residing at Torrance Calif

Received for filing on NOV 2 1942 by Mabel E. Steffen Registrar.

NOV 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

238-218040-463

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **359637**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Shoshone</u> (b) City <u>Kellogg</u> (c) Street Address or R.F.D. No. <u>811 McKinley</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: IN THIS county years <u>20</u> months _____ days _____		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Shoshone</u> (c) City <u>Kellogg</u> (d) Street Address or R.F.D. No. <u>811 McKinley Ave</u> (e) How long has MOTHER lived in Idaho? <u>20</u> mo. yrs.	
4. FULL NAME OF CHILD <u>Ruth Frances Schaller</u>		3. RESIDENCE OF FATHER (city, state) <u>Kellogg, Ida</u>	
6. Sex <u>female</u>		5. Date of Birth of Child (Month, day, year) <u>Dec. 18, 1910</u>	
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		8. No. months of Pregnancy _____	
9. Legitimate? <u>yes</u>			
FATHER OF CHILD 10. FULL NAME <u>Frank Schaller</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth. <u>30</u> yrs. 13. Birthplace <u>Evansville</u> <u>Indiana</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Concentrating ore</u> 15. Industry or Business <u>Mining</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Selma Carolene Moljord</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth. <u>22</u> yrs. 19. Birthplace <u>Befarn</u> <u>Norway</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. argyrol.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ M. on the date _____
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Frank Schaller, who is
 related to this child as father
 (Mother, etc.) (First name) (Last name)
25. Attendant's OWN signature T. R. Mason **M.D.** _____ **Address** Kellogg Ida **Date** 10/22/42

State of _____ }
 County of _____ } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth. _____ I further state that
 (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

 Signature

 P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____.

(SEAL)

Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 2 1942 by Mabel E. Baker, Registrar.

NOV 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

853-216-229-366

359651

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. <u>307 Polk St.</u> (d) Name of Hospital or Maternity Home: <u>Born at home</u> (e) Mother's stay BEFORE delivery: <u>IN THIS</u> county <u>1</u> years <u>4</u> months <u>10</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Moscow</u> (d) Street Address or R.F.D. No. <u>307 Polk St.</u> (e) How long has MOTHER lived in Idaho? <u>1 yr.</u> yrs.	
4. FULL NAME OF CHILD <u>Katherine Helmick</u>		5. Date of Birth of Child (Month, day, year) <u>Sept 16, 1940</u>	
6. Sex <u>Female</u> 7. Twin or Triplet <u>--</u> If so—born 1st, 2nd, 3rd <u>--</u>		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Harley Guy Helmick</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>34</u> yrs. 13. Birthplace <u>Taylor County, Iowa</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Bookkeeper</u> 15. Industry or Business <u>Light Company</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Nell B. Coons</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>36</u> yrs. 19. Birthplace <u>Nebraska City, Nebraska</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>--</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Not known
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 5:30a M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Nell B. Helmick, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Nell B. Helmick **M.D.** Kirkland **Address** Wash. **Date** 22

State of Wash. County of King } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 32 years, and that Katherine Helmick attended this birth. now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 22 day of October, 1942
(SEAL) Bertham Naehle Notary Public, residing at Kirkland
(Note: Perjury is punishable as a felony in Idaho; see Sec. 7-914 Idaho Code annotated.)

Received for filing on Nov 2 1942 by Mary Helton, Registrar.

NOV 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



359709

359709

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Gooding (b) City Bliss Idaho
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county yes years two months days**4. FULL NAME OF CHILD** Robert Edgar Warden

7. Twin or

Triplet

If so—born

1st, 2nd, 3rd

6. Sex male

5. Date of Birth of Child

(Month, day, year) August 16th 1910

8. No. months

of Pregnancy 99. Legitimate? yes**3. RESIDENCE OF FATHER** (city, state) Idaho**FATHER OF CHILD****10. FULL NAME** Jerry Warden11. Color White 12. Age at time of THIS birth 42 yrs.13. Birthplace Indiana
(City or town) (State or foreign country)14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD**16. FULL MAIDEN NAME** Frances Jane Osborn17. Color White 18. Age at time of THIS birth 31 yrs.19. Birthplace Idaho
(City or town) (State or foreign country)20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of..... Idaho..... ss.
County of..... Ada.....**AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... mother..... of the person whose name appears in Item 4, above, that I am now..... 67..... years of age, that I have known this person for..... 32..... years, and that..... midwife....., who attended this birth..... is now deceased..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this..... day of.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on..... NOV 16 1942..... by..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 16 1942

OCT 23 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Edgar R Worden

United States Census, 1910

Name **Edgar R Worden**
 Event Type Census
 Event Date 1910
 Event Place South Boise, Ada, Idaho, United States
 Gender Male
 Age 8
 Marital Status Single
 Race White
 Race (Original) White
 Relationship to Head of Household Son
 Relationship to Head of Household (Original) Son
 Birth Year (Estimated) 1902
 Birthplace Idaho
 Father's Birthplace Indiana
 Mother's Birthplace Iowa
 Sheet Letter A
 Sheet Number 1

United States Census, 1910

District ED 22
 Sheet
 Number and Letter 1A
 Household ID 8
 The U.S. National
 Affiliate Name Archives and Records Administration (NARA)
 Affiliate
 Publication T624
 Number
 Affiliate Film 221
 Number
 GS Film 1374234
 Number
 Digital Folder 004970727
 Number
 Image 00753
 Number

Household	Role	Sex	Age	Birthplace
Jary Worden	Head	M	52	Indiana
Frances J Worden	Wife	F	34	Iowa
Willis H Worden	Son	M	13	Idaho
Edgar R Worden	Son	M	8	Idaho
Rena B Worden	Daughter	F	5	Idaho
Grace E Worden	Daughter	F	2	Idaho
Worden	Son	M	0	Idaho

HOLD
 ROBERT EDGAR WAS NOT BORN IN 1910
 HIS BROTHER ERNEST WAS
 SEE 1910-301734

Citing this Record

"United States Census, 1910," database with images, *FamilySearch*

(<https://familysearch.org/ark:/61903/1:1:MLHX-P8P> : accessed 20 September 2017), Edgar R Worden in household of Jary Worden, South Boise, Ada, Idaho, United States; citing

Robert Edgar Wardan

United States Census, 1920

Name	Robert Edgar Wardan
Event Type	Census
Event Date	1920
Event Place	Boise, Ada, Idaho, United States
Gender	Male
Age	18
Marital Status	Single
Race	White
Race (Original)	White
Relationship to Head of Household	Son
Relationship to Head of Household (Original)	Son
Birth Year (Estimated)	1902
Birthplace	Idaho
Father's Birthplace	Indiana
Mother's Birthplace	Iowa
Sheet Letter	B
Sheet Number	10

United States Census, 1920

District	ED 21
Sheet	
Number and Letter	10B
Household ID	275
Line Number	89
Affiliate Name	The U.S. National Archives and Records Administration (NARA)
Affiliate Publication Number	T625
Affiliate Film Number	287
GS Film Number	1820287
Digital Folder Number	004964469
Image Number	00441

Household	Role	Sex	Age	Birthplace
Jerry Wardan	Head	M	59	Indiana
Frances Jane Wardan	Wife	F	42	Iowa
Robert Edgar Wardan	Son	M	18	Idaho
Irena Blanche Wardan	Daughter	F	15	Idaho
Gracia Ethel Wardan	Daughter	F	12	Idaho
Earnest Roscoe Wardan	Son	M	9	Idaho
Melvin Leo Wardan	Son	M	5	Idaho

Citing this Record

271-214-249
 United States **Nov 9 1942** (Be sure the information is as of date of birth of THIS child)
 Department of Commerce
 Bureau of the Census
CERTIFICATE OF BIRTH
 STATE OF IDAHO
 359734
 State File No.
 Local Reg. No.
 Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
 (a) County Canyon (b) City Caldwell
 (c) Street Address or R.F.D. No. 1
 (d) Name of Hospital or Maternity Home: At home
 (e) Mother's stay **BEFORE** delivery:
 IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 (a) State Idaho (b) County Canyon
 (c) City Caldwell
 (d) Street Address or R.F.D. No. 1
 (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Edna Louise Stafford
 5. Date of Birth of Child (Month, day, year) July 14 - 1910
 6. Sex girl 7. Twin or Triplet Is born 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
 10. **FULL NAME** Louis Victor Stafford
 11. Color or Race White 12. Age at time of THIS birth 40 yrs.
 13. Birthplace Princeton Iowa (City or town) (State or foreign country)
 14. Exact Occupation Farmer
 15. Industry or Business

MOTHER OF CHILD
 16. **FULL MAIDEN NAME** Leora Cordelia Burnett
 17. Color or Race White 18. Age at time of THIS birth 31 yrs.
 19. Birthplace Colorado (City or town) (State or foreign country)
 20. Exact Occupation House wife
 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
 23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 County of Ada

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 32 years, and that Dr. John H. Galt (First name) (Last name) who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leora Cordelia Burnett Stafford Signature

P. O. Address

Subscribed and sworn to before me this 9th day of November, 1942

(SEAL) Marion E. Orr Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 9 1942 by Mary E. Elder, Registrar.

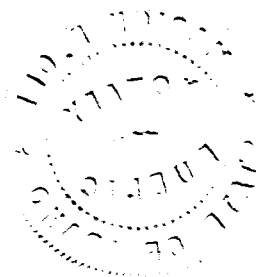
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NOV 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



993-222-000-962

359742

359742

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Elmore</u> (b) City <u>Mountain Home</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Home</u> 21 2 17 (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Elmore</u> (c) City <u>Mountain Home</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>21</u> yrs.	
4. FULL NAME OF CHILD <u>Gwendene Yonne Riley</u> 7. Twin of <u>Triplet</u> If so—born 1st, 2nd, 3rd		5. Date of Birth of Child (Month, day, year) <u>April 22, 1910</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
6. Sex <u>Fem.</u> FATHER OF CHILD 10. FULL NAME <u>John Thomas Riley</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>29</u> yrs. 13. Birthplace <u>Texas</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Sheep Owner</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Lauraine Ross</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>21</u> yrs. 19. Birthplace <u>Boise Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
 23. Number of children of this mother: (a) At time of birth and including this child...../..... (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by....., who is
 related to this child as..... (First name) (Last name)
 (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
 County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 53 years, and that Mrs. Elizabeth Honga who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 199, 1937 Session Laws.

Lauraine Persley Signature
Jerome, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of November, 1942

(SEAL) Margaret E. Mason Notary Public, residing at Boise, Idaho
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 10 1942 by Mary Fielder Registrar.

NOV 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

363-204-221-291

359743

359743

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

Local Reg. No.

Reg. Dist. No.

NOV 10 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mabel Pratt Cole

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) July 4, 1910

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert Franklin Cole
11. Color white 12. Age at time of THIS birth 42 yrs.
13. Birthplace Willard Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellice Pratt
17. Color white 18. Age at time of THIS birth 35 yrs.
19. Birthplace Salt Lake City Utah
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 10.P. M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Family record, who is related to this child as (First name) (Last name)

25. Attendant's OWN signature M.D. Address Date

State of Idaho }
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 27 years, and that Dr. Allen Little, Jr. (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Camille C. Nuffer Signature
Route 1, Preston Idaho P. O. Address

Subscribed and sworn to before me this 30th day of November 1942

(SEAL)

Notary Public, residing at Preston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 10 1942 by Mary E. Eder Registrar.

NOV 12 1942

DEC 5 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

359762

866-202-019-599

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Custer (b) City Mackay
(c) Street Address or R.F.D. No. No street number
(d) Name of Hospital or Maternity Home:
Private home

(e) Mother's stay BEFORE delivery:
IN THIS county 8 years 6 months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Custer
(c) City Mackay
(d) Street Address or R.F.D. No. No street number
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Mackay, Idaho

4. FULL NAME OF CHILD

Alice Dale Howell6. Sex Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Raymond Walter Howell

11. Color White 12. Age at time
or Race of THIS birth 44 yrs.

13. Birthplace Not known Idaho
(City or town) (State or foreign country)

14. Exact Occupation

15. Industry or Business Farmer - Miner

MOTHER OF CHILD

16. FULL MAIDEN NAME Matilda Christine Erickson

17. Color White 18. Age at time
or Race of THIS birth 40 yrs.

19. Birthplace Falun, Sweden
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 5:00 P. M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Matilda Howell, who is
(First name) (Last name)
related to this child as Mother, now deceased.
(Mother, etc.)

25. Attendant's
OWN signature Mrs. J. M. Smith Midwife Address P.O. Box 945,
Ajo, Arizona Date 10/26/42.

State of } ss.
County of

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now years of age, that I have known this person for years, and that
....., who attended this birth. (Is now deceased) or (Cannot be located) I further state that
(First name) (Last name)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of, 19.....

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 4 1942 by Mary J. Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

282-11-005-282

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
OCT 28 1942 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. **3597772**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Bannock** (b) City **Downey**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN **THIS** county **38** years months **11** days

4. FULL NAME OF CHILD **Lloyd Aldous Bybee**

6. Sex **7. Twin or Triplet** If so—born 1st, 2nd, 3rd **9th**

FATHER OF CHILD

10. FULL NAME **William Jefferson Bybee**
11. Color or Race **White** **12. Age at time of THIS birth** **44** yrs.
13. Birthplace **Utah** (City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Bannock**
(c) City **Downey**
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? **69** yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child
(Month, day, year) **12-11-1910** ✓

8. No. months of Pregnancy **9** **9. Legitimate?** **yes**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Eliza Ellen Bybee**
17. Color or Race **white** **18. Age at time of THIS birth** **38** yrs.
19. Birthplace **Downey** (City or town) (State or foreign country)
20. Exact Occupation **House wife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **10** (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature **M.D.** **Address** **Date**

State of **Idaho** }
County of **Bannock** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Brother** of the person whose name appears in Item 4, above, that I am now **45** years of age, that I have known this person for **31** years, and that

Ellen Barger who attended this birth **Deceased** I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this **26th** day of **October**, **1942**

H. L. Wilson **Justice of the Peace** **Downey Idaho**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code.)

Received for filing on **OCT 28 1942** by **Marj 26 1942** Registrar.

NOV 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **359773**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa, Idaho

4. **FULL NAME OF CHILD** Mildred Alfreda Petersen
5. Date of Birth of Child
(Month, day, year) May 28, 1910
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Hans Christian Petersen
11. Color or Race White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Copenhagen Denmark
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Maria Dortehea Schrammer
17. Color or Race White 18. Age at time of THIS birth 39 yrs.
19. Birthplace Altona Germany
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum:
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 32 years, and that Dr. Murray who attended this birth cannot be located I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marie Petersen Signature

My commission expires March 2, 1946 6525 N Campbell Avenue, Portland, Oregon P. O. Address

Subscribed and sworn to before me this 31st day of October, 1942

(SEAL)

Notary Public, residing at Portland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1942 by Mabel E. Ebers Registrar.

MAR 25 1968

NOV 6 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

997-121-006-613

359774

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot Idaho
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
IN THIS county _____ years _____ months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County _____
(c) City Blackfoot
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 10 yrs.

4. FULL NAME OF CHILD Alfred John Riggs
6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

5. Date of Birth of Child (Month, day, year) 9/21/1910

FATHER OF CHILD
10. FULL NAME John L. Riggs
11. Color or Race White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Melville Utah
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Esther Watson
17. Color or Race White 18. Age at time of THIS birth 37 yrs.
19. Birthplace England
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 6 A. M. on the date (Born alive, ~~stillborn~~)
and at the place stated above, and that personal particulars were furnished by Veda B. Langer, who is related to this child as Sister (Mother, etc.)
25. Attendant's OWN signature Veda B. Langer M.D. _____ Midwife _____ Address 122 NE 57 Date 19 42
State of Oregon County of Multnomah } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth _____ I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
x Veda B. Langer Signature
122 N.E. 57 Ave. Portland Ore. P. O. Address
Subscribed and sworn to before me this 27 day of October, 19 42
(SEAL) Edith J. Kanger Notary Public, residing at Portland Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Exp. Com. May 1, 45

Received for filing on NOV 4 1942 by Mabel E. Griffin, Registrar.

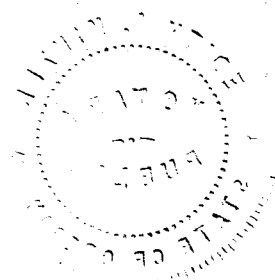
NOV 6 1992

JAN 7 1992

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 33, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)	2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) County <u>Lincoln</u> (b) City <u>Gooding</u>	(a) State <u>Idaho</u> (b) County <u>Lincoln</u>
(c) Street Address or R.F.D. No. <u>R. F. D. #3</u>	(c) City <u>Gooding</u>
(d) Name of Hospital or Maternity Home: <u>Home</u>	(d) Street Address or R.F.D. No. <u>R. F. D. #3</u>
(e) Mother's stay BEFORE delivery: <u>IN THIS</u> county <u>0</u> years <u>6</u> months <u>18</u> days	(e) How long has MOTHER lived in Idaho? <u>1</u> yrs.
3. RESIDENCE OF FATHER (city, state) <u>Gooding, Ida</u>	

4. FULL NAME OF CHILD <u>Mary Augusta Darling</u>	5. Date of Birth of Child (Month, day, year) <u>June 18, 1910</u>
6. Sex <u>Female</u>	8. No. months of Pregnancy <u>9</u>
7. Twin or Triplet	9. Legitimate? <u>Yes</u>
If so—born 1st, 2nd, 3rd	

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME <u>Walter E. Darling</u>	16. FULL MAIDEN NAME <u>Elda E. Krause</u>
11. Color or Race <u>W</u>	17. Color or Race <u>W</u>
12. Age at time of THIS birth <u>26</u> yrs.	18. Age at time of THIS birth <u>27</u> yrs.
13. Birthplace <u>Norton, Kansas</u> (City or town) (State or foreign country)	19. Birthplace <u>Norton, Kansas</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Farming</u>	20. Exact Occupation <u>Housewife</u>
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)

25. Attendant's OWN signature	M.D. Midwife	Address	Date
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State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

County of Gooding

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that Dr. F. T. Cary, who attended this birth, is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elda E. Darling Signature

R. F. D. #3 Gooding, Idaho P. O. Address

Subscribed and sworn to before me this 7 day of November, 1942

(SEAL) Perst Bowler, Clerk Dist Court Notary Public, residing at Gooding

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

NOV 9

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

819-222 003-457 OCT 24 1942

359824

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Soda Springs Hospital
(e) Mother's stay **BEFORE** delivery: 12 years 12 months 12 days
IN THIS county
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Gentile Valley
(d) Street Address or R.F.D. No. Grace Ida
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
3. **RESIDENCE OF FATHER** (city, state) Grace Ida

4. **FULL NAME OF CHILD** Donna Mae Harris
5. Date of Birth of Child (Month, day, year) 10-22-1910
6. Sex Female 7. Twin or Triplet 1st, 2nd, 3rd If so—born 8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Alexander Wells Harris
11. Color American 12. Age at time of THIS birth 29 yrs.
13. Birthplace Gentile Valley Bannock (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Martha Almira Meacham
17. Color American 18. Age at time of THIS birth 25 yrs.
19. Birthplace Park Valley Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nilstat 1 Dimes
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 49 M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Martha Harris who is related to this child as Wife (Mother, etc.) (First name) (Last name)
25. Attendant's Ellis Kersh M.D. Address Soda Springs Date Idaho
OWN signature Midwife

State of Idaho }
County of Franklin } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that Dr. Kachley who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Martha Harris Dunkley Signature
Franklin Idaho P. O. Address
Subscribed and sworn to before me this 22nd day of October 1942
(SEAL) St. Bandy Notary Public, residing at Franklin Ida.
(Note: Perjury is punishable as perjury in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 24 1942 by Martha Harris Registrar.

NOV 10 1942

NOV 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Cocolalla
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 34 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Cocolalla
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 34 yrs.
3. **RESIDENCE OF FATHER** (city, state) Cocolalla

4. **FULL NAME OF CHILD** Gordon Bryan Olsen

5. Date of Birth of Child
(Month, day, year) April 29 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnancy Nine 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Louis Edward Olsen
11. Color American 12. Age at time of THIS birth 44 yrs.
13. Birthplace Bergen Norway
(City or town) (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Bell Loper
17. Color American 18. Age at time of THIS birth 40 yrs.
19. Birthplace Brownsville, Minnesota
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** M.D. Midwife Address Date

State of California County of San Luis Obispo } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 32 years, and that Salley Benton who attended this birth Cannot be located I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida B. Olsen Signature
Box 512 Mono Bay Calif P. O. Address

Subscribed and sworn to before me this 30th day of October, 1910
(SEAL) McPaine J.P. Notary Public, residing at Mono Bay, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code annotated.)

Received for filing on NOV 2 1942 by Mabel E. Olsen Registrar.

359869

632-129-009-367

NOV 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

75-9-102-038-238

359883

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Carl Martin Geissler 5. Date of Birth of Child (Month, day, year) 2-2mo-1918
6. Sex male 7. Twin or no If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 mo 9. Legitimate?

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME John C. Geissler 16. FULL MAIDEN NAME Mary Schroeder
11. Color white 12. Age at time of THIS birth 34 yrs. 17. Color white 18. Age at time of THIS birth 24 yrs.
13. Birthplace Humboldt, Kansas 19. Birthplace Germany
(City or town) (State or foreign country) (City or town) (State or foreign country)
14. Exact Occupation Poultry Business 20. Exact Occupation Housewife
15. Industry or Business 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Colorado } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of Denver }

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that O. Orvey M.D., who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Geissler Signature
Com. expires Feb 28-1945 1543 High St P. O. Address
Subscribed and sworn to before me this 26 day of October, 1942
(SEAL) C. Ella MacDougall Notary Public, residing at Denver, Colo.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1942 by Mary Geissler, Registrar.

NOV 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

819-209-011-319

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

359899

1. PLACE OF BIRTH
County of Boundary
City of Bonnetts Ferry
No. Idaho St.

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Ida Ruth Harman

3. Sex Female If plural births { 4. Twin, triplet, or other _____ 6. Premature no 7. Legitimate? yes 8. Date of birth March 9, 1910
(Month, Day, Year)

9. Full name FATHER MEIVIN Harman 18. Full maiden name MOTHER Frances Carroll

10. Residence (usual place of abode) (If non-resident, give place and State) Bonnetts Ferry 19. Residence (usual place of abode) (If non-resident, give place and State) Bonnetts Ferry

11. Color or race White 12. Age at last birthday 29 (years) 20. Color or race White 21. Age at last birthday 27 (years)

13. Birthplace (city or place) (State or Country) Missouri 22. Birthplace (city or place) (State or Country) Missouri

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSE WIFE

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Black Smith 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 20 yrs. 25. Date (month and year) last engaged in this work 10-28, 1942 26. Total time (years) spent in this work 40 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 33 (b) Born alive but now dead 2 (c) Stillborn _____

29. If stillborn, period of gestation { months or weeks 30. Cause of stillbirth { Before labor. During labor.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at _____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report. NOV 4 1942
(Date of)

(Signed) Frances Harman MOTHER, Midwife

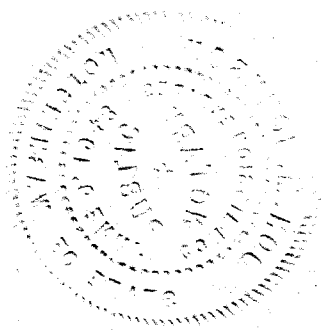
Address Garfield, Washington

Filed _____, 1934

Registrar.

Notary Public for State of _____

Don M. Johnson 10-28-42



DELAYED

819-209-011-919

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH BUREAU OF VITAL STATISTICS

State of Washington }
County of Whitman } ss. (To accompany a certificate of an unreported birth
when such certificate is not attested by signature of
attending physician or midwife.)
being first duly sworn says that
Frances Harman Kitt
she is the Mother of Ida Ruth Harman
(Relationship of child)*
born March 9 1910 at Bonnets Ferry, Idaho,
(Date of birth)
whose certificate of birth is hereto attached, and that She desires to have the said birth
recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certifi-
cate of birth of the said IDA RUTH Harman
hereto attached are true and correct
as stated therein, and that this birth has not been previously recorded.

Affiant further states that M. D. was the
medical attendant at the birth of said Ida Ruth Harman and that
the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Frances Harman Kitt
P. O. Address Garfield, Washington

Subscribed and sworn to before me this 28th day of October, 1942

Don M. Johnson
Notary Public.
Residing at Garfield, Wash., Idaho

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

NOV 10 1942

799-103-042 984

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **359913**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County <u>Shoshone</u> City <u>Kimberly</u>		(a) State (b) County	
(c) Street Address or R.F.D. No.		(c) City	
(d) Name of Hospital or Maternity Home: <u>Born in the home</u>		(d) Street Address or R.F.D. No.	
(e) Mother's stay BEFORE delivery: IN THIS county years months days		(e) How long has MOTHER lived in Idaho? yrs.	

4. FULL NAME OF CHILD <u>Porter Harold Purgle</u>		5. Date of Birth of Child (Month, day, year) <u>March 3rd 1910</u>	
6. Sex <u>Male</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet <u>so—Born 1st, 2nd, 3rd</u>		9. Legitimate? <u>yes</u>	

10. FULL NAME OF FATHER OF CHILD <u>Porter Joseph Purgle</u>		16. FULL NAME OF MOTHER OF CHILD <u>Clara May Ryman</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>35</u> yrs.		18. Age at time of THIS birth <u>32</u> yrs.	
13. Birthplace <u>Idaho</u> (City or town) (State or foreign country)		19. Birthplace <u>Idaho</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business <u>Farmer interests</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Shoshone } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for an life years, and that Dr. White who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Clara M. Purgle Signature

Subscribed and sworn to before me this 26th day of October 1942

(SEAL)

Frank A. Adair Notary Public, residing at Shoshone, Idaho

Received for filing on Nov 10 1942 by Marj Z. Fisher Registrar.

MAR 10 1960

SEP 1 1976

NOV 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

533-220-002-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

359956

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 22 yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Jessie Lavena Elliott

5. Date of Birth of Child
(Month, day, year) 20 Sept 1910

6. Sex Female Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME John Jeremiah Elliott
11. Color white 12. Age at time of THIS birth 37 yrs.
13. Birthplace Oslen Iowa
(City or town) (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Jessie Mary Davis
17. Color white 18. Age at time of THIS birth 32 yrs.
19. Birthplace Boise Idaho
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....who is
related to this child as.....(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of.....ss.
County of Latah

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 21 years, and that Dr. Lou who attended this birth cannot be located further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Jessie Mary Elliott Signature
1018 Olive St Eugene Ore. P. O. Address

Subscribed and sworn to before me this 13 day of July, 1942
(SEAL) [Signature] Notary Public, residing at Eugene Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) MY COMMISSION EXPIRES MAY 15, 1944

Received for filing on NOV 7 1942 by Maud J. [Signature] Registrar.

NOV 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

789-12804619

RECEIVED NOV

1942

359963

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 1st Ave. N. 27th
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
IN THIS county — years 6 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Postville
(d) Street Address or R.F.D. No. 30 Fairfield Ave.
(e) How long has MOTHER lived in Idaho? _____ yrs.

4. FULL NAME OF CHILD Edward George Phillips
6. Sex Male 7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓

3. RESIDENCE OF FATHER (city, state) _____
5. Date of Birth of Child (Month, day, year) 9/28/1910
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Le Roy Jones Phillips
11. Color White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Malad, Idaho (City or town) (State or foreign country)
14. Exact Occupation RR Painter
15. Industry or Business _____

MOTHER OF CHILD
16. FULL NAME Grace Marion Warner
17. Color White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Burns, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at _____ M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Grace Warner Phillips who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature J. H. Murray M.D. Midwife Address Nampa Ida Date May 16, 1942
State of Idaho County of Blaine } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 3 1/2 years, and that J. H. Murray who attended this birth May 16 at Nampa, Idaho (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Grace M. Warner Signature
Levinston Idaho Address
Subscribed and sworn to before me this 2nd day of May, 1942.
(SEAL) Mary Howard Notary Public, residing at Levinston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by Mabel E. Keefe, Registrar.

NOV 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

614-22031-263

359964

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Lewis</u> (b) City <u>Craigmont</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>At home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u> </u> years <u> </u> months <u> </u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Lewis</u> (c) City <u>Craigmont</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u> </u> yrs.
3. RESIDENCE OF FATHER (city, state)		

4. FULL NAME OF CHILD <u>Florence Elizabeth Warsley</u>	5. Date of Birth of Child (Month, day, year) <u>May 2, 1910</u>
6. Sex <u>Female</u>	7. Twin or Triplet <u> </u> If so—born <u> </u> 1st, 2nd, 3rd
8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Samuel C. Warsley</u>	11. Color or Race <u>White</u>	16. FULL MAIDEN NAME <u>Nancy E. Bolick</u>	17. Color or Race <u>White</u>
12. Age at time of THIS birth <u>46</u> yrs.	13. Birthplace <u>Webster County, Iowa</u> (City or town) (State or foreign country)	18. Age at time of THIS birth <u>41</u> yrs.	19. Birthplace <u>near Burlington, Iowa</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Farmer</u>	15. Industry or Business <u> </u>	20. Exact Occupation <u>Housewife</u>	21. Industry or Business <u> </u>

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by , who is related to this child as (Mother, etc.)

25. Attendant's OWN signature **M.D. Midwife Address** **Date**

State of WASHINGTON
County of ASOTIN } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4. above, that I am now years of age, that I have known this person for 32 years, and that Dr. Parrish is now deceased who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy E. Wansley Signature
Asotin, Washington P. O. Address

Subscribed and sworn to before me this 5th day of November, 1942
(SEAL) W. H. Harnell Court Commissioner
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

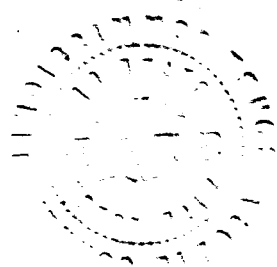
Received for filing on NOV 10 1942 by Registrar.

NOV 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

295-215010-553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **359972**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bonner</u> (b) City <u>Idaho Falls, Ida</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bonner</u> (c) City <u>Idaho Falls</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>45</u> yrs.
--	--	---

4. FULL NAME OF CHILD <u>Martha Rosella King</u>		5. Date of Birth of Child (Month, day, year) <u>Feb/15/1910</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>1st</u> born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Elas Marlo King</u>	16. FULL MARRIED NAME <u>Martha Rosetta Nelson</u>		
11. Color or Race <u>white</u>	17. Color or Race <u>white</u>		
12. Age at time of THIS birth <u>27</u> yrs.	18. Age at time of THIS birth <u>13</u> yrs.		
13. Birthplace (City or town) <u>Idaho</u> (State or foreign country)	19. Birthplace (City or town) <u>Idaho</u> (State or foreign country)		
14. Exact Occupation <u>laborer</u>	20. Exact Occupation <u>house wife</u>		
15. Industry or Business	21. Industry or Business		

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related to this child as (Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Oregon } **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Clatsop } ss.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 32 years, and that Robertson, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosetta King Eggleton Signature
At 2 Box 375 Oregon City Ore P. O. Address

Subscribed and sworn to before me this 6 day of November, 1942

(SEAL) L. A. Wenzel Notary Public, residing at Oregon City
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated: April 2, 1944)

Received for filing on NOV 10 1942 by Martha E. Lefine, Registrar.

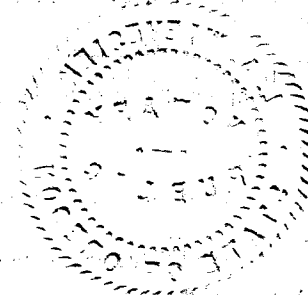
NOV 13 1942

OCT 16 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

414 117025-391

359975

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Keuterville
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
This birth occurred at the family home.
(e) Mother's stay **BEFORE** delivery:
IN THIS county 13 years 3 months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Keuterville
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
3. **RESIDENCE OF FATHER** (city, state) Keuterville, Idaho

4. **FULL NAME OF CHILD** Leo Hubert Mader
5. Date of Birth of Child
(Month, day, year) May 17, 1910
6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Charles Mader
11. Color or Race White 12. Age at time of THIS birth 46 yrs.
13. Birthplace Stetten, Germany
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Katherine Trautman
17. Color or Race White 18. Age at time of THIS birth 37 yrs.
19. Birthplace Cincinnati, Ohio
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature..... M.D. Address Date
Midwife
- State of Idaho } ss.
County of Idaho }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for life years, and that Katherine Trautman, who attended this birth person I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Anna Mader Schmidt Signature
Keuterville Idaho P. O. Address

Subscribed and sworn to before me this 4 day of Nov, 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public, residing Keuterville Idaho

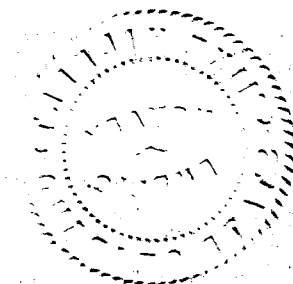
Received for filing on Nov 10 1942 by Marj Keelers, Registrar.

NOV 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

354 106 004 452

359976

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
At home
(e) Mother's stay BEFORE delivery:
IN THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier, or Geneva.
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 8 yrs.
3. RESIDENCE OF FATHER (city, state) Geneva, Ida.

4. FULL NAME OF CHILD Raymond Robert Teuscher
7. Twin or Triplet If so—born 1st, 2nd, 3rd
6. Sex male

5. Date of Birth of Child 8/6/1910
(Month, day, year)
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Robert Teuscher
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Eschweel, Switzerland
(City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Rossetta Messerli
17. Color or Race white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Wattenwil, Switzerland
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Yes. Penicillin
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Rossetta Teuscher who is related to this child as mother. (First name) (Last name)
(Mother, etc.) 4691 East Talmage St.

25. Attendant's OWN signature [Signature] M.D. [Signature] Address San Diego, Cal. Date 11-2-42

State of..... } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of.....

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws

..... Signature
..... P. O. Address
Subscribed and sworn to before me this..... day of....., 19.....

(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 10 1942 by [Signature], Registrar.

NOV 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

369-107012-437

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **359978**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Butte (b) City Moore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Butte
(c) City Moore
(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Moore Idaho

4. FULL NAME OF CHILD Ernest Lionel Corey

6. Sex male 7. Twin or Triplet No 8. In so—born 1st, 2nd, 3rd 1st

5. Date of Birth of Child (Month, day, year) June 7 1910

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ernest N Corey
11. Color or Race white 12. Age at time of THIS birth 48 yrs.
13. Birthplace not known South Dakota
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ola Belle Mc Lee
17. Color or Race white 18. Age at time of THIS birth 19 yrs.
19. Birthplace Van Hook Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Custer }

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 32 years, and that William Marshall who attended this birth where birth unknown I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Nell M Greene Signature
Mackay Idaho P. O. Address

Subscribed and sworn to before me this 5th day of Nov. 1942

(SEAL)

My Commission Expires Aug. 1, 1943
Notary Public, residing at Mackay, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 10 1942 by Mabel E. Eifer Registrar.

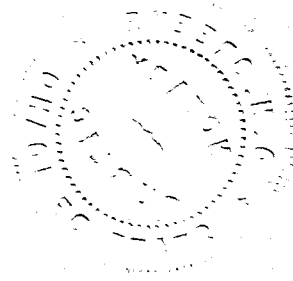
NOV 13 1942

MAY 16 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

253-220-039 263

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 10 1942
CERTIFICATE OF BIRTH
STATE OF IDAHO

360021
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>POWER</u> (b) City <u>AMERICAN FALLS</u> (c) Street Address or R.F.D. No. <u>R.F.D. #1</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>POWER</u> (c) City <u>AMERICAN FALLS, IDAHO</u> (d) Street Address or R.F.D. No. <u>1</u> (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>MARY J. BECKER</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		5. Date of Birth of Child (Month, day, year) <u>Dec. 20, 1910</u>	
6. Sex <u>FEMALE</u>		8. No. months of Pregnancy <u>9</u>	
FATHER OF CHILD 10. FULL NAME <u>ANDREW BECKER</u> 11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>29</u> yrs. 13. Birthplace <u>ODESSA UKRAINE RUSSIA</u> (City or town) (State or foreign country) 14. Exact Occupation <u>FARMER (AT TIME OF THIS BIRTH)</u> 15. Industry or Business <u>GRAIN WAREHOUSE</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>JUSTINA KOCH</u> 17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth <u>29</u> yrs. 19. Birthplace <u>ODESSA UKRAINE RUSSIA</u> (City or town) (State or foreign country) 20. Exact Occupation <u>HOUSEWIFE</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>NONE THAT WE KNOW OF</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
(Midwife)

State of IDAHO }
County of POWER } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 31 years, and that KATHARINA DEEG, who attended this birth IS NOW DECEASED, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Andrew Becker ✓ Signature
1405 FORT HALL AVE. AM. FALLS, IDA. P. O. Address

Subscribed and sworn to before me this 30 day of October, 19 42
(SEAL) Shirley H. Coburn Notary Public, residing at American Falls, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by Mary J. Becker, Registrar.

NOV 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

683-227007434
United States (Be sure the information is as of date of birth of THIS child)
Department of Commerce NOV 10 1942
Bureau of the Census
STATE OF IDAHO
State File No.
Local Reg. No.
Reg. Dist. No.

360023

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Blaine</u> (b) City <u>Soldier</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>1</u> years <u>1</u> months <u>1</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State. (b) County. (c) City (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs.	
4. FULL NAME OF CHILD <u>Lethia Marie Wylder</u>		5. Date of Birth of Child <u>10/27-1910</u> (Month, day, year)	
6. Sex <u>Female</u> 7. Twin or Triplet <u>1st, 2nd, 3rd</u>		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
10. FULL NAME OF FATHER OF CHILD <u>Lester Edward Wylder</u>		11. FULL MAIDEN NAME OF MOTHER OF CHILD <u>Theresa Margaret McDonald</u>	
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>33</u> yrs.		17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>23</u> yrs.	
13. Birthplace <u>Cashville, Illinois</u> (City or town) (State or foreign country)		19. Birthplace <u>Idaho</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Stock Buyer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN Signature _____ M.D. _____ Address _____ Date _____

State of Idaho County of Lamar } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above that I am now 55 years of age, that I have known this person for 32 years, and that A. D. Higgs who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

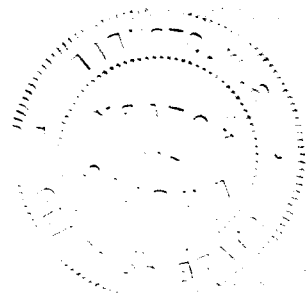
Lester Edward Wylder Signature
7th day of February 1942 P. O. Address
Subscribed and sworn to before me this _____ day of _____ S. W. STRUBLE, 19_____
(SEAL) Notary Public for Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on _____ by Marj Stetson Registrar.

NOV 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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394 104042-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360049
Local Reg. No.
Reg. Dist. No.

SEP 25 1942

NOV 10 1942

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Twins Falls (b) City Filer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Twins Falls
(c) City Filer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yr. 6 mos.

3. RESIDENCE OF FATHER (city, state) Idaho-Filer

4. FULL NAME OF CHILD Alvis Stapleton Crutchfield

5. Date of Birth of Child
(Month, day, year) Oct. 4 - 1910

6. Sex Male **7. Twin or Triplet** X If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy 9 **9. Legitimate?** yes

FATHER OF CHILD

10. FULL NAME Pleas Henry Crutchfield

11. Color or Race white **12. Age at time of THIS birth** 27 yrs.

13. Birthplace Harrison Ark.
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Pearl Hillcockson

17. Color or Race white **18. Age at time of THIS birth** 25 yrs.

19. Birthplace Idaho
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 4 P. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mrs. Pearl Crutchfield who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature H. E. Lamb **M.D. Midwife** Address Unknown Date

State of Idaho **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

County of Bannock } ss.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that H. E. Lamb who attended this birth. Cannot locate I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. P. H. Crutchfield Signature

P. O. Address

Subscribed and sworn to before me this 24th day of September 1942

(SEAL) Alfred J. Anderson Notary Public, residing at Twins Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 25 1942 by Marj T. Eilers Registrar.

NOV 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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141-210036-292

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
NOV 10 1942
CERTIFICATE OF BIRTH
STATE OF IDAHO

360061
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Clifton
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Clifton
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 10 yrs.

4. FULL NAME OF CHILD LaVerne Adams

3. RESIDENCE OF FATHER (city, state)
5. Date of Birth of Child
(Month, day, year) Aug. 10, 1919

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Adams
11. Color white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louvenia Mayne Bishop
17. Color white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Utah
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Utah County of Box Elder } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for since birth years, and that Mrs. Wesley Beckstead, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louvenia Mayne Bishop Adams Signature
Brigham City, Utah. P. O. Address

Subscribed and sworn to before me this 28th day of Oct., 19 42.

(SEAL) Lenora Rouse Notary Public, residing at Brigham City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 10 1942 by Mabel Bishop, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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855-130022-369

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **300075**
Local Reg. No.
Reg. Dist. No.

NOV 12 1942 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Reiburg
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years 3 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Reiburg
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

4. **FULL NAME OF CHILD** Gale Leroy Hendricks

5. Date of Birth of Child Nov 3, 1910
(Month, day, year)

6. Sex Male 7. Twin or Triplet None If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Moses Hendrick
11. Color White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Togon Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Kate Tarbet
17. Color White 18. Age at time of THIS birth 38 yrs.
19. Birthplace Togon Utah
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature _____ M.D. _____ Midwife _____ Address _____ Date _____

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 32 years, and that Mrs. Walsh who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Moses Hendricks Signature
24460 Amador Ave Los Angeles P. O. Address
November 19 42

Subscribed and sworn to before me this _____ day of _____

My Commission Expires March 6, 1946, Notary Public, residing at _____

(SEAL) C. M. MacAllister (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) A. A.

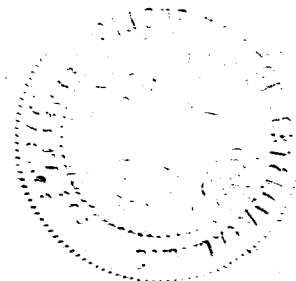
Received for filing on _____ by Mrs. J. E. Lifer, Registrar.

NOV 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

866-110007864

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **360110**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Cooral
(c) Street Address or R.F.D. No. Country
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 3 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Cooral
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
3. **RESIDENCE OF FATHER** (city, state) _____

4. **FULL NAME OF CHILD** Robert Franklin Howard
6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

5. Date of Birth of Child (Month, day, year) June 10-1910
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Robert Walker Howard
11. Color White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Padona Texas (City or town) (State or foreign country)
14. Exact Occupation Freighter
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Gill Young
17. Color White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____

State of Idaho } ss.
County of Blaine

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle Brother of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 32 years, and that Dr. Mc Ginnis who attended this birth. cannot be located further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Theodore R. Bauges Signature
Hagerman Idaho P. O. Address

Subscribed and sworn to before me this 13 day of November, 1942
(SEAT.) H. M. Reynolds Notary Public, residing at Hagerman Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1942 by Marj E. [unclear], Registrar.

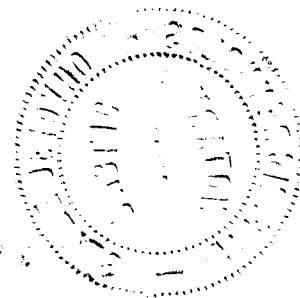
NOV 18 1942

SEP 8 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



315-202032886

United States
Department of Commerce
Bureau of the Census

SEP 25 1942

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **360124**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Lincion (b) City Heyburn
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home of neighbors

(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Lincion
(c) City Rupert
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) same**4. FULL NAME OF CHILD**LELA MAE TANNER**5. Date of Birth of Child**(Month, day, year) Oct. 2 - 1910**6. Sex**female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate?yes**FATHER OF CHILD****10. FULL NAME**Owen Emery Tanner**11. Color**white**12. Age at time**of THIS birth 30 yrs.**13. Birthplace**(City or town) Payson(State or foreign country) Utah**14. Exact**Occupation Farmer**15. Industry or Business****MOTHER OF CHILD****16. FULL MAIDEN NAME**Levee Vilate Hjorth**17. Color**white**18. Age at time**of THIS birth 26 yrs.**19. Birthplace**(City or town) Clinton(State or foreign country) Utah**20. Exact**Occupation farmers wife**21. Industry or Business****22. Name prophylactic used to prevent Ophthalmia Neonatorum.****23. Number of children of this mother:** (a) At time of birth and including this child 5 (b) Born alive and now living 3**ATTENDANT'S CERTIFICATE**alive

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 7 A M M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Mrs. May Jones neighbor, who is
related to this child as Levee V.H. Tanner (Mother, etc.) (First name) (Last name)

25. Attendant's

OWN signature

DeceasedBoth

M.D.

Midwife Address

Rupert Idaho Date Sept 20State of IdahoCounty of Minidoka } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
in Item 4, above, that I am now 32 years of age, that I have known this person for 32 years, and that
Mrs. May Jones neighbor (First name) (Last name), who attended this birth Rupert, Ida (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Mrs. Levee Vilate Hjorth Tanner Signature

Paul Idaho P. O. Address

Subscribed and sworn to before me this 12th day of November 1942

(SEAL)

Notary Public, residing at Rupert Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 25 1942 by Mabel E. Eder Registrar.

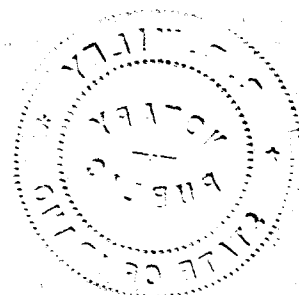
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

141-219025-351

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
NOV 14 1942 CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360155
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Kamiah
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
own home
(e) Mother's stay BEFORE delivery:
IN THIS county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kamiah
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Kamiah, Idaho

4. FULL NAME OF CHILD Gladys Evelyn Adams
5. Date of Birth of Child (Month, day, year) Jan. 19, 1910
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy nine 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Lester Carroll Adams
11. Color or Race white 12. Age at time of THIS birth 35 yrs.
13. Birthplace Jefferson, Oregon
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Rosa Isabell# Teats
17. Color or Race white 18. Age at time of THIS birth 28 yrs.
19. Birthplace Palouse, Washington
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum boric acid solution
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 12:15 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Rosa Adams, who is related to this child as mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Mellie Webster M.D. SEITH Address Portland Date 11-10-42
Midwife

State of Washington
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 32 years of age, that I have known this person for 32 years, and that Doctor Taylor, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosa Isabell Adams, Signature
910 West 37th St. -- Vancouver, Wash. P. O. Address

Subscribed and sworn to before me this 10th day of November, 1942
(SEAL) Bozavanga Notary Public, residing at Vancouver
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mabel E. Eber, Registrar.

NOV 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

681 230042 847

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 12 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360160
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No. Route # 5
(d) Name of Hospital or Maternity Home:
Rural Residence.
(e) Mother's stay BEFORE delivery:
IN THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No. Route # 5
(e) How long has MOTHER lived in Idaho? 9 yrs.

4. FULL NAME OF CHILD CeCelia Doris Whaley

5. Date of Birth of Child
(Month, day, year) Oct. 30, 1910.

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Daniel Whaley
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Madison Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie T. Hughes
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Moccasin California
(City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 32 years, and that W. J. Claunch, who attended this birth is now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie T. Hughes Whaley Signature
762 Main Ave. Buhl, Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of November, 1942
(SEAL) Chas. C. Taylor Notary Public, residing at Twin Falls Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-91, Idaho Code, Annotated)

Received for filing on _____ by Mary E. Egan, Registrar.

NOV 18 1942

JUL 30 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

515-209 013-515

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 12 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **360161**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Camas (b) City CORRAL
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
IN THIS county 1 years _____ months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County Camas
(c) City CORRAL
(d) Street Address or R.F.D. No. _____

(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) CORRAL, IDAHO

4. FULL NAME OF CHILD ERVA EVELYN VANDERFORD

5. Date of Birth of Child
(Month, day, year) JANUARY 9, 1910

6. Sex FEMALE 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME CARL ORRIS VANDERFORD
11. Color _____ 12. Age at time of THIS birth 22 yrs.
13. Birthplace PAULS VALLEY, OKLAHOMA
(City or town) (State or foreign country) USA.
14. Exact Occupation FARMER
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME ARMANDA VANDERFORD
17. Color _____ 18. Age at time of THIS birth 21 yrs.
19. Birthplace Wheatland, Oklahoma, U.S.A.
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child TWO. (b) Born alive and now living TWO

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born ALIVE at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by CARL VANDERFORD, who is
(First name) (Last name)
related to this child as FATHER
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of Idaho
County of Camas } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Neighbor of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 32 years, and that Katherine Shott, who attended this birth Can not be located, I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary V. Gibbons

Signature

Subscribed and sworn to before me this 14th day of October, 1942

(SEAL)

John Edwards CLERK OF DISTRICT COURT

Notary Public, residing at Fairfield, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-91, Idaho Code Annotated.)

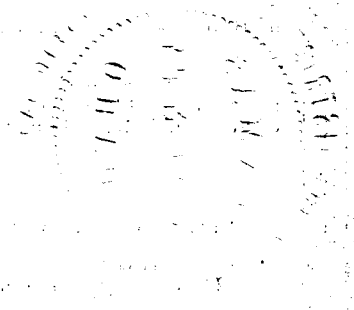
Received for filing on _____ by Mary E. Egan, Registrar.

NOV 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



849-210003855

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 28 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360165
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Swan Lake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Was born at home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Swan Lake
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 47 yrs.

4. FULL NAME OF CHILD Olive Lora Quigley
7. Twin or Triplet If so - born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) Swan Lake, Idaho
5. Date of Birth of Child (Month, day, year) July 10, 1910
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Richard Oliver Quigley
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Swan Lake, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Ida MAY HENDERSON
17. Color White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Clifton, Idaho
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Midwife _____ Address _____ Date _____ State of Idaho County of Bannock } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 30 years, and that Olive Lora Quigley, who attended this birth is now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsie May Quigley Burt Signature
532 South Johnson Boise Idaho O. Address

Subscribed and sworn to before me this 19 day of October, 1942
(SEAL) Edward Merrill Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 28 1942 by Mari Fisher, Registrar.

NOV 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certi-
cate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge
for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

818 219 029-185

360178

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (a) County <u>Gatah</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. <u>146 So. Albany St</u> (d) Name of Hospital or Maternity Home: <u>at Residence</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home _____ days. IN THIS county <u>95</u> years <u>2</u> month <u>23</u> days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Gatah</u> (c) City <u>Moscow</u> (d) Street Address or R.F.D. No. <u>146 South Albany</u> (e) How long has MOTHER lived in Idaho? <u>17</u> yrs. (f) Mother's mailing address <u>Moscow Idaho</u>	
4. FULL NAME OF CHILD <u>Marian Elizabeth Haynes</u>		5. Date of Birth (Month, day year) <u>June 19th 1912</u>	
6. Sex <u>Female</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>9 mo</u> 9. Legitimate? <u>yes</u>	
10. FULL NAME <u>Raymond Haynes</u>		11. FULL MAIDEN NAME <u>Rosanna May Eyer</u>	
12. Color or Race <u>White</u> 12. Age at time of THIS birth <u>25</u> yrs.		13. Color or Race <u>White</u> 13. Age at time of THIS birth <u>35</u> yrs.	
13. Birthplace <u>Columbus, Wash.</u> (City or town) (State or foreign country)		14. Birthplace <u>Marysville, Kansas</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Clothing Merchant</u>		15. Exact Occupation <u>House Wife</u>	
15. Industry or Business		16. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child _____ (First name) (Last name)

26. (a) _____ (Date received) Nov 17 1942 Mrs. J. E. Eyer (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature) M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Kansas } ss.
County of Prod. of Wichita }
AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I Rosanna May Haynes, being first duly sworn, say that I am related to Marian Elizabeth Haynes as her lawful natural mother (Related to (or) acquainted with) whose birth certificate appears above; and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Joseph Deprey (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

J. E. Eyer (Signature)
Subscribed and sworn to before me on this 10th day of November 1942 P. O. Address _____
(SEAL) _____
Notary Public, residing at Nanton, Alberta

NOV 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

11K 142 21502842

UNITED STATES
Department of Commerce
Bureau of the Census

NOV 14 1942
STATE OF IDAHO

State File No. 360180
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Hotenay (b) City Port Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Hotenay
(c) City Port Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Mable Lucinda Justice
5. Date of Birth of Child (Month, day, year) May 15 1910
6. Sex Female 7. Twin or Triplet = If so, born 1st, 2nd, 3rd 6th 8. No. months of Pregnancy 9 9. Legitimate? yes

10. FULL NAME Edward L. Justice
11. Color white or Race 12. Age at time of THIS birth 32 yrs.
13. Birthplace Wise Co. Virginia
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

16. FULL MAIDEN NAME Martha Ellen Atkins
17. Color white or Race 18. Age at time of THIS birth 32 yrs.
19. Birthplace Wise Co. Virginia
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. None
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by , who is related to this child as (Mother, etc.)
25. Attendant's OWN signature M.D. Address Date
State of Idaho }
County of Myer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 32 years, and that Edw. Newbrook, who attended this birth. (First name) (Last name) I further state that (do not so deceased) as (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
Martha Ellen Justice Signature
Lawrence Edw. Justice P. O. Address
Subscribed and sworn to before me this 12th day of November, 1942
(SEAL) Phyllis White Notary Public, residing at Leicester
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on by Marj E. Lester Registrar.

NOV 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Benewah (b) City St. Joe
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years 8 months 1 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City St. Joe
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Joe, Ida.

4. **FULL NAME OF CHILD** DONALD AVERY SMITH
5. Date of Birth of Child (Month, day, year) Mar. 6, 1910
6. Sex Male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	<u>Fred Chipman Smith</u>	16. FULL MAIDEN NAME	<u>Bernice Leota Avery</u>
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>36</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>28</u> yrs.
13. Birthplace <u>Elk Mound, Wisconsin</u> (City or town) (State or foreign country)		19. Birthplace <u>Eau Claire, Wisconsin</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Meatcutter</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Butcher Shop</u>		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum:
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 42 years, and that Mrs. June Norry who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Bernice L. Smith Signature
Idaho P. O. Address

Subscribed and sworn to before me this 13 day of November, 1942.

(SEAL) Philip W. Sigler Notary Public, residing at Lewiston, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1942 by Marl E. Fisher Registrar.

NOV 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

255-222-029 269

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 360210

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City KENDRICK
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay BEFORE delivery: IN THIS county 40 years months days
2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County LATAH
(c) City KENDRICK
(d) Street Address or R.F.D. No. Idaho
(e) How long has MOTHER lived in Idaho? Idaho yrs.
3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Verla Prudence Kennedy
5. Date of Birth of Child (Month, day, year) 2/22/10
6. Sex Female 7. Twin or Triplet, single. If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD
10. FULL NAME John H. Kennedy
11. Color or Race White 12. Age at time of THIS birth 49 yrs.
13. Birthplace Strong Maine (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

- MOTHER OF CHILD
16. FULL MAIDEN NAME TILLIE BELL KOKER
17. Color or Race White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Not known
23. Number of children of this mother: (a) At time of birth and including this child 7th (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of Washington } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of Whatcom

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that Jella Baker (First name) (Last name), who attended this birth. is deceased I further state that (is now deceased or (Cannot be located)) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Glenn Lee Koker Signature
R 2 Sedro Woolley Wash P. O. Address
Subscribed and sworn to before me this 9 day of November, 1949
(SEAL) Shad H. Reed Notary Public, residing at Bellingham
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9, Idaho Code Annotated.)

Received for filing on 12 by Maude E. Egan Registrar.

NOV 19 1942

OCT 7 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin, or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

613 118-02293

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **360212**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: None

(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 1/2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No. 1

(e) How long has **MOTHER** lived in Idaho? 2 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Thomas Glendon Waldram

5. Date of Birth of Child
(Month, day, year) Oct 18, 1910

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alonzo Waldram
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace North Ogden Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Pearl Richards
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace North Ogden Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 12:15 A.M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Pearl Waldram, who is
(First name) (Last name)
related to this child as Mother
(Mother, etc.)

25. Attendant's OWN signature Selina Richards M.D. Midwife Address St. Anthony Ida Date Oct 30, 1942

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that
Selina Richards, who attended this birth.
(First name) (Last name)

(Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of, 19.....

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on NOV 2 1942 by Marj E. Fisher, Registrar.

NOV 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

314 172 2022 942
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

360217
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City Ribby
(c) Street Address or R.F.D. No. R. 7 D #10
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont
(c) City Ribby
(d) Street Address or R.F.D. No. R. 7 D #1
(e) How long has **MOTHER** lived in Idaho from birth yrs.

3. RESIDENCE OF FATHER (city, state) Ribby, Idaho

4. FULL NAME OF CHILD Kenneth Campbell

5. Date of Birth of Child
(Month, day, year) Sept. 22, 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joe Campbell
11. Color White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Phasant View, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL NAME Alberta Eliza Russell
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Ribby, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum:

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 4 P. M. on the date Sept. 22, 1910 and at the place stated above, and that personal particulars were furnished by Alberta Eliza Russell who is related to this child as mother (Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 32 years, and that Dr. Paxton who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Alberta Campbell Signature

P. O. Address

Subscribed and sworn to before me this 20 day of October 19 1910

(SEAL)

Notary Public, residing at Shawnee, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 21 1910 by Marj B. Lefter Registrar.

NOV 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 129, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

265-215042-296

360240

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 326-6th Ave. N.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 326-6th Ave N.
(e) How long has MOTHER lived in Idaho? 3 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls Idaho

4. FULL NAME OF CHILD Jean Browne Sweeley

5. Date of Birth of Child
(Month, day, year) April 15, 1910

6. Sex female 7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 7 1/2 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Everett M. Sweeley
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Adel, Iowa
(City or town) (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Hazel Jay Browne
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Spokane Washington
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as..... (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that Dr. H.W. Wilson, who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Everett M. Sweeley Signature

928 Blue Lakes Blvd. Twin Falls, Idaho O. Address

Subscribed and sworn to before me this 31st day of October, 1942

(SEAL)

Marian Dunn

Notary Public, residing at Twin Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1942 by Mabel K. Kelson, Registrar.

NOV 25 1942

JUL 7 1958

NOV 20 1959

JAN 30 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

731-128007 212

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

360262

360262

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Blaine (b) City Clyde
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. _____ days.
IN THIS county _____ years _____ month _____ days

4. FULL NAME OF CHILD Clyde Charles Black

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

FATHER OF CHILD

10. FULL NAME Joseph Francis Black

11. Color or Race _____ 12. Age at time of THIS birth 27 yrs.

13. Birthplace Pillmore, Millard Co. Utah
(City or town) (State or foreign country)

14. Exact Occupation _____

15. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) NOV 23 1942 (Date received) (b) Mary E. Egan (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine
(c) City Clyde

(d) Street Address or R.F.D.No. _____

(e) How long has MOTHER lived in Idaho? 16 yrs.

(f) Mother's mailing address Clyde, Idaho

3. RESIDENCE of FATHER (city, state) Clyde, Idaho

5. Date of Birth _____
(Month, day year) December 28, 1910

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Cordelia Basinger

17. Color or Race White 18. Age at time of THIS birth 20 yrs

19. Birthplace Thebes Illinois
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business _____

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Idaho } ss.
County of Lemhi

I, Nellie C. Black, being first duly sworn, say that I am Related
Clyde Charles Black as Mother (Related to (or) acquainted with)

(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Deceased, who attended

said birth (Name of attendant at birth) and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Nellie C. Black Signature
Salmon, Idaho. P. O. Address

Subscribed and sworn to before me on this 24th day of Sept, 1942.

(SEAL)

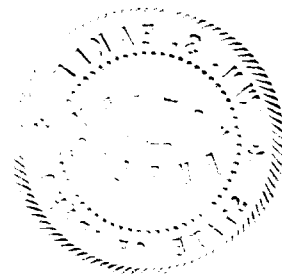
Notary Public, residing at Salmon, Idaho

NOV 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



962-124-004-817

STATE BOARD OF HEALTH-
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360273

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Weldon Gordon Roberts		2. Date (month) (day) (year) of Birth December 24 1910	
FATHER	3. Color or Race White	4. Sex M.	5. Place of Birth Montpelier	a. County Bear Lake
MOTHER	6. Full Name of Father Milton S. Roberts		7. State or Country of Father's Birth Alabama	
AFFIDAVIT	8. Full Maiden Name of Mother Nettie O. Hagen		9. State or Country of Mother's Birth St. Charles, Idaho	
NOTARY (Seal)	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant <i>x Weldon G Roberts</i>	
	Subscribed and sworn to before me on August 4, 1971 19		11. Present Address of Registrant 182 1st Ave. Evanston, Wyo.	
			12. Signature of Notary <i>Walter R Barber</i>	
			13. Notary Commission expires June 29, 1972	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document photocopy of certificate of Baptism and Confirmation	By whom issued and signed LDS Church, Evanston 2nd Ward	Date issued May 9, 1971	Date Orig. Entry baptized Jan. 31, 1932
	Date of Birth Dec. 24, 1910	Full Name of Mother Nettie O. Hagen	Name of Father Milton S. Roberts	
	Birth Place Montpelier, Idaho Bear Lake County			
SUPPORTING RECORD 2-	Type of Document photocopy of application for insurance policy #627408	By whom issued and signed Benefit Association of Railway Employees	Date issued ----	Date Orig. Entry Sept. 30, 1958
	Date of Birth Dec. 24, 1910	Full Name of Mother ---	Name of Father ---	
	Birth Place ---			
SUPPORTING RECORD 3-	Type of Document photocopy of minor's release for employment	By whom issued and signed Union Pacific RR, Evanston, Wyoming	Date issued ---	Date Orig. Entry Aug. 2, 1928
	Date of Birth Age: 17 on Dec. 24, 1927	Full Name of Mother Nettie O. Roberts	Name of Father M. S. Roberts	
	Birth Place ---			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION
(seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar <i>W. W. Benson</i>	Evidence reviewed by gm1 Glenda Larson	Date Filed Sept. 28, 1971

Roberts (correction file)

NOV 12 1942

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

360273

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery
IN THIS county 18 years 9 months 22 days

4. FULL NAME OF CHILD Weldon Gordon Roberto

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Milton S. Roberto
11. Color White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Aldens Alabama
(City or town) (State or foreign country)
14. Exact Occupation Book-keeper
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 50 yrs.
3. RESIDENCE OF FATHER (city, state) Soda Springs Idaho

5. Date of Birth of Child
(Month, day, year) 12-24-1910

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie O. Roberto
17. Color White 18. Age at time of THIS birth 18 yrs.
19. Birthplace St. Charles, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho }
County of Caribou } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears
in Item 4, above, that I am now 60 years of age, that I have known this person for 31 years, and that
DA Poynter who attended this birth Address unknown I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Signature Milton S. Roberto
P. O. Address Soda Springs Idaho

Subscribed and sworn to before me this 9th day of November, 1942
(SEAL) [Signature] Notary Public, residing at Soda Springs Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mary E. [Signature] Registrar.

NOV 19 1942

SEP 28 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

766 217016-351

360331

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 360331
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Sublett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county years 23 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Sublett
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 63 yrs.
3. RESIDENCE OF FATHER (city, state) Sublett, Idaho

4. FULL NAME OF CHILD Evelyn Belle Powers
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Jan. 17, 1910
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Isaac S. Powers
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME May Leavitt
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Utah
(City or town) (State or foreign country)
20. Exact Occupation Teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 32 years, and that Minerva who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

May Leavitt (Powers) Signature

Burley, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of Nov. 19 42

(SEAL) Thos Black Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on NOV 19 1942 by Mary Elder Registrar.

NOV 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

565-101 025 967

360332

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family home
(e) Mother's stay BEFORE delivery: IN THIS county 39 years 11 months 30 days
2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 71 yrs.
3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Ira VonBargen 5. Date of Birth of Child (Month, day, year) 12/1/10
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Frederick August Nicholas VonBargen
11. Color or Race White 12. Age at time of THIS birth 53 yrs.
13. Birthplace Hanover, Germany (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Martha Mella Rogge
17. Color or Race White 18. Age at time of THIS birth 40 yrs.
19. Birthplace Stanton, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature Deceased M.D. Midwife Address Date

State of Idaho }
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for since his birth years, and that (Unknown) Truitt, M.D., who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

martha mella rogge vonbargen Signature

Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of November, 1942

(SEAL) Dorothy J. Altman Notary Public, residing at Grangeville, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

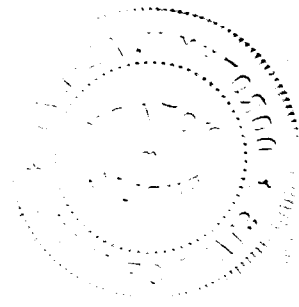
Received for filing on NOV 19 1942 by Mary Elder Registrar.

NOV 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



818 215028 168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **360358**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Kootenai (b) City Caryhon Bay
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county 2 years months days

4. FULL NAME OF CHILD

Madoline Lois Hays

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Kenesaw Chronolet Hays

11. Color or Race White 12. Age at time of THIS birth 42 yrs.

13. Birthplace Joplin Missouri
(City or town) (State or foreign country)

14. Exact Occupation Wax King in Woods

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Kootenia
(c) City Caryhon Bay
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Caryhon Bay, Idaho

5. Date of Birth of Child

(Month, day, year) Oct. 15, 1910

MOTHER OF CHILD

16. FULL MAIDEN NAME Polly Johnston

17. Color or Race White 18. Age at time of THIS birth 28 yrs.

19. Birthplace Joplin Missouri
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Washington } ss.
County of Thurston

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 32 years, and that

....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Polly Hays
R. Y. Olympia

Signature

P. O. Address

Subscribed and sworn to before me this 14 day of November, 19 42.

(SEAL)

Deputy County Auditor, Mahal Vanner Notary Public, residing at Olympia Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

NOV 23 1942

by

Mauri E. Eddins

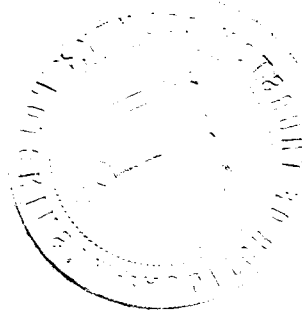
Registrar.

4
NOV 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelopes bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

331-228 016-299

United States

Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **360364**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **CASSIA** (b) City **BURLEY**
(c) Street Address or R.F.D. No. **244 NORTH CONANT**
(d) Name of Hospital or Maternity Home:
FAMILY HOME
(e) Mother's stay BEFORE delivery:
IN THIS county **30** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **IDAHO** (b) County **CASSIA**
(c) City **BURLEY**
(d) Street Address or R.F.D. No. **244 NORTH CONANT**
(e) How long has MOTHER lived in Idaho? **30** yrs.
3. RESIDENCE OF FATHER (city, state) **BURLEY, IDAHO**

4. FULL NAME OF CHILD **VERGIL RAY CLARK**

5. Date of Birth of Child
(Month, day, year) **APRIL 28, 1910**

6. Sex **MALE**

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy **NINE**

9. Legitimate? **YES**

FATHER OF CHILD

10. FULL NAME **GEORGE PARLEY CLARK**
11. Color **WHITE** 12. Age at time
or Race of THIS birth **30** yrs.
13. Birthplace **GRANTSVILLE, UTAH**
(City or town) (State or foreign country)
14. Exact Occupation **CLERK**
15. Industry or Business **MERCANTILE**

MOTHER OF CHILD

16. FULL MAIDEN NAME **MARY PERMELIA BRIM**
17. Color **WHITE** 18. Age at time
or Race of THIS birth **31** yrs.
19. Birthplace **SALT LAKE CITY, UTAH**
(City or town) (State or foreign country)
20. Exact Occupation **HOUSEWIFE**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child **THREE** (b) Born alive and now living **THREE**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of **Idaho** ss.
County of **Salt Lake**

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the **MOTHER** of the person whose name appears
in Item 4, above, that I am now **SIXTY-THREE** years of age, that I have known this person for **THIRTY-TWO** years, and that
MRS. SHELTON who attended this birth **CANNOT BE LOCATED** I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this **16th** day of **November** **1942**

(SEAL)

Notary Public, residing at **Salt Lake City, Utah**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

NOV 23 1942

by

Mary E. Elder

Registrar.

NOV 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

., Registrar.

DEC 22 1942

APR 6 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619 15-020-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

360397 360397
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Elmore (b) City Glenna Ferry
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Glenna Ferry
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** George Herman Dell Warner

5. Date of Birth of Child
(Month, day, year) Mar 15 1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Dell R. Warner
11. Color white 12. Age at time of THIS birth 32 yrs.
13. Birthplace X. Dartford X. Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Cattal Rancher
15. Industry or Business Cattle

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Mable Story
17. Color White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Brumley, Colorado
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Idaho
Ada

State of.....County of.....} ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that Dr. J. W. Davis who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Mable Warner Signature
Boise, Idaho (712 East Jefferson) Address

Subscribed and sworn to before me this 24th day of November, 1942
(SEAL) J. B. Chapman Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1942 by Mabel J. Baker Registrar.

NOV 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

393-116 022-231

360409

360409

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County... <u>Fremont</u> (b) City... <u>Madison</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: IN THIS county <u>17</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State... <u>Idaho</u> (b) County... <u>Fremont</u> (c) City... <u>Madison</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>4-8</u> yrs.	
4. FULL NAME OF CHILD <u>Lewis Edwin Little</u>		3. RESIDENCE OF FATHER (city, state) <u>Hayden, Ida.</u>	
6. Sex <u>Male</u> 7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd		5. Date of Birth of Child (Month, day, year) <u>Oct. 16, 1910</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Fremont Little</u> 11. Color <u>White</u> 12. Age at time of THIS birth <u>30</u> yrs. 13. Birthplace <u>Salt Lake City, Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Annie Katherine Black</u> 17. Color <u>White</u> 18. Age at time of THIS birth <u>24</u> yrs. 19. Birthplace <u>Huntington, Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House-wife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child... 3 (b) Born alive and now living... 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature..... **M.D.**..... **Midwife**..... **Address**..... **Date**.....

State of... Idaho County of... Ada } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the... Mother... of the person whose name appears in Item 4, above, that I am now... 55... years of age, that I have known this person for... 31... years, and that... Malissa Homer... who attended this birth... Is now deceased... I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

my commission expires 7-17-44
Subscribed and sworn to before me this... 6... day of... March... 19... 42...
(SEAL) Abby E. Radcliff Notary Public, residing at... Star...
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Annie K. Little Signature
Eagle B. Idaho P. O. Address

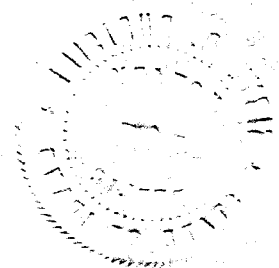
Received for filing on... Nov. 25, 1942... by... Mary Elder... Registrar.

NOV 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, ~~Idaho~~ Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



133-116-206-295

361487

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

5. Date of Birth of Child
(Month, day, year) Jan. 16, 1910

4. FULL NAME OF CHILDCLARENCE ALMA ALLEN

6. Sex male 7. Twin or Triplet single If so—born 1st, 2nd, 3rd 8th 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Marshall Franklin Allen
11. Color white 12. Age at time of THIS birth 50 yrs.
13. Birthplace Ogden, Weber County, Utah
(City or town) (State or foreign country)
14. Exact Occupation sheepman
15. Industry or Business sheepman

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Elizabeth Singleton
17. Color white 18. Age at time of THIS birth 46 yrs.
19. Birthplace Plain City, Utah
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10:30 A. M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Della Corum, who is
related to this child as older sister
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature deceased M.D. Midwife Address Date

State of Idaho ss.
County of Bingham

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the older sister of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 32 years, and that Dr. J. B. Davis is now deceased who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Della Allen Corum Signature
Fort Hall, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of November, 1942.

(SEAL) Della Allen Corum Notary Public, residing at Blackfoot, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1942 by Marj F. Elder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 15 1961

NOV 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

361519

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Freemont (b) City Plano
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City Plano
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

4. **FULL NAME OF CHILD** Karl Alvin Sailer
7. Twin or Triplet Twins If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Idaho
5. Date of Birth of Child (Month, day, year) April 13, 1940
8. No. months of Pregnancy 7 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Frederick Alvin Sailer
11. Color or Race white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Torgau Germany
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Edith M. Jordan
17. Color or Race white 18. Age at time of THIS birth 32 yrs.
19. Birthplace St. John Canada
(City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Pierce

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 32 years, and that Dr. Ornabey attended this birth. Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith M. Sailer Signature
Parkland Wash P. O. Address

Subscribed and sworn to before me this 17 day of November, 1942
(SEAL) Jennie L. Palmer Notary Public, residing at Tacoma Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

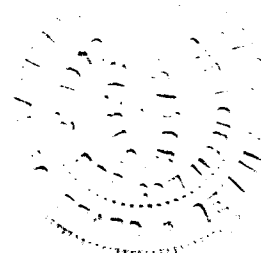
Received for filing on NOV 21 1942 by Mary Elder Registrar.

NOV 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

614-103-214-284

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 20 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **361546**
Local Reg. No. **338**
Reg. Dist. No. **360**

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **Canyon** (b) City **Caldwell**
(c) Street Address or R.F.D. No. **808 5th Street**
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county **22** years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **Idaho** (b) County **Canyon**
(c) City **Caldwell**
(d) Street Address or R.F.D. No. **808 5th Street**
(e) How long has **MOTHER** lived in Idaho? **14** yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** **Frank Seymour Faurot, Jr.**
5. Date of Birth of Child **March 3, 1910**
(Month, day, year)
6. Sex **Male** 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

- FATHER OF CHILD**
10. **FULL NAME** **Frank Seymour Faurot**
11. Color or Race **White** 12. Age at time of THIS birth **34** yrs.
13. Birthplace **Boulder Colorado**
(City or town) (State or foreign country)
14. Exact Occupation **Real Estate Agent**
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** **Catherine Maragret Syme**
17. Color or Race **White** 18. Age at time of THIS birth **30** yrs.
19. Birthplace **Scotland**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **2% Silver Nitrate**
23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **2**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **born alive** at **10:00 A.M.** on the date **(Born alive, stillborn)**
and at the place stated above, and that personal particulars were furnished by **Frank Faurot**, who is related to this child as **Father**
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature **J. M. ...** M.D. **...** Address **Caldwell, Idaho** Date **11-19-42**

State of } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that , who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address
Subscribed and sworn to before me this day of , 19.....

(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **11-19-42** by **...** Registrar.

OCT 30 1974

NOV 27 1942

OCT 15 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

785-201-042-258

361562

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Twinn Falls</u> City <u>Twinn Falls</u> (c) Street Address or R.F.D. No. <u>733 E. 5th St.</u> (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mother's stay BEFORE delivery: IN THIS county -- years <u>11</u> months <u>5</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Twinn Falls</u> (c) City <u>Twinn Falls</u> (d) Street Address or R.F.D. No. <u>733 E. 5th St</u> (e) How long has MOTHER lived in Idaho? <u>11 mos.</u>	
4. FULL NAME OF CHILD <u>Zelva Gennevieve Phelps</u>		5. Date of Birth of Child (Month, day, year) <u>Apr. 1, 1910</u>	
6. Sex <u>Female</u> 7. Twin or Triplet <u>No</u> 8. No. months of Pregnancy <u>9 mos.</u>		9. Legitimate? <u>Yes.</u>	
FATHER OF CHILD 10. FULL NAME <u>Frank Phelps</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>32</u> yrs. 13. Birthplace <u>Sanoma Co., California.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mamie E. Keyes</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace <u>Palouse Wash.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. <u>Unknown</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Washington }
County of Yakima } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that Dr. P. C. Weaver who attended this birth cannot be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mamie E. Brown Signature

R.P. #7, Yakima, Washington. P. O. Address

Subscribed and sworn to before me this 20th day of November, 1942.

(SEAL)

Carrie Greenbaugh Notary Public, residing at Yakima, Wn.

Received for filing on NOV 24 1942 by Mary Elder Registrar.

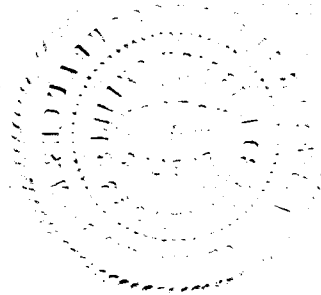
NOV 27 1942

NOV 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

659-222-018-238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **361577**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County KOOTENAI (b) City COEUR D'ALENE
(c) Street Address or R.F.D. No. 906 Young Ave
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: 3 years 3 months 3 days
IN THIS county

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County KOOTENAI
(c) City COEUR D'ALENE
(d) Street Address or R.F.D. No. 906 Young Ave
(e) How long has **MOTHER** lived in Idaho? 3 mos
3. **RESIDENCE OF FATHER** (city, state) COEUR D'ALENE IDAHO

4. **FULL NAME OF CHILD** DORIS CATHERINE WERNETTE

5. Date of Birth of Child JAN 22-10
(Month, day, year)

6. Sex F 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** MICHAEL J. WERNETTE
11. Color White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Wheatland Wyo. McCosta Co.
(City or town) (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business Coal dealer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY ANTONETTE SHONER
17. Color White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Wheatland Wyo. N.Y.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date

State of MICH
County of MECOSTA } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 32 years, and that D.P. HOLDEN who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Michael J. Wernette Signature

REMUS, MICH P. O. Address

Subscribed and sworn to before me this 16th day of NOVEMBER 1942

(SEAL)

Notary Public, residing at REMUS, MICH

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotations, 7-16-43)

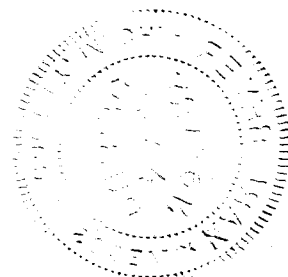
Received for filing on NOV 30 1942 by Marjorie E. ... Registrar.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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693-120-003-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **361581**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Pocatello</u> (c) Street Address or R.F.D. No. <u>321 S. Main</u> (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mother's stay BEFORE delivery: <u>Approx 7 years</u> IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Pocatello</u> (d) Street Address or R.F.D. No. <u>321 S. Main</u> (e) How long has MOTHER lived in Idaho? <u>Approx 13 yrs.</u>	
4. FULL NAME OF CHILD <u>Thomas Jackson Wilson</u>		5. Date of Birth of Child (Month, day, year) <u>Nov. 20, 1910</u>	
6. Sex <u>Male</u> 7. Twin or Triplet <u>No</u> If so—born <u>No</u> 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9 mo.</u> 9. Legitimate? <u>Yes</u>	

FATHER OF CHILD 10. FULL NAME <u>Thomas William Wilson</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>27 yrs.</u> 13. Birthplace <u>Wellsville</u> <u>Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Railroad Engineer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Amanda Berg</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>25 yrs.</u> 19. Birthplace <u>Logan</u> <u>Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) **At time of birth and including this child** 1 (b) **Born alive and now living** 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Idaho } ss.
County of Bannock

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 31 + years, and that Dr. O. B. Steele, who attended this birth deceased, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address
Subscribed and sworn to before me this 14th day of November, 1942
(SEAL) H. H. Sevenson Notary Public, residing at Pocatello, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9 Idaho Code Annotated.)

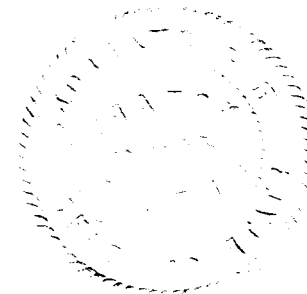
Received for filing on NOV 30 1942 by Marj T. Eber, Registrar.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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693-118-236-666

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
NOV 6 1942
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361588
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Onida (b) City Malad City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay Home BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Onida
(c) City Malad City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Malad City Idaho

4. FULL NAME OF CHILD Nathan Ammon Wilson
(1. Twin or Triplet no If so—born 1st, 2nd, 3rd)

5. Date of Birth of Child Idaho
(Month, day, year) 10/18/1910

6. Sex male 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lawrence Nathan Wilson
11. Color white 12. Age at time 22
or Race of THIS birth yrs.
13. Birthplace Ordan Utah (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Carpenter

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Ann Woodland
17. Color white 18. Age at time 17
or Race of THIS birth yrs.
19. Birthplace Marsh Valley Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Midwife _____ Address _____ Date _____

State of California
County of Humboldt } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 32 years, and that Dr Ray who attended this birth now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Ann Wilson Signature

R.F.D. 1 Box 678 Eureka Cal. P. O. Address

Subscribed and sworn to before me this 27th day of October, 1942

(SEAL)

Paul G. Lanner Notary Public, residing at Eureka, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code annotated.)

Received for filing on NOV 6 1942 by Marj E. Lerner Registrar.

DEC 1 1942

DELAYED REGISTRATION LAW

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312-116-025-414

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **361596**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth).

(a) County Idaho (b) City Trangerville, Id.

(c) Street Address or R.F.D. No. none

(d) Name of Hospital or Maternity Home:

at home

(e) Mother's stay **BEFORE** delivery:

IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho

(c) City Trangerville

(d) Street Address or R.F.D. No. none

(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Trangerville Id.

4. FULL NAME OF CHILD

William Hart Casady Jr.

6. Sex male

7. Twin or Triplet

If so born
1st, 2nd, 3rd

5. Date of Birth of Child

(Month, day, year) April 16, 1910

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

William Hart Casady

11. Color or Race

White

12. Age at time of THIS birth 52 yrs.

13. Birthplace

Des Moines Iowa

(City or town)

(State or foreign country)

14. Exact Occupation

Lawyer

15. Industry or Business

Lawyer

MOTHER OF CHILD

16. FULL MAIDEN NAME

Dorothea Christina Madsen

17. Color or Race

White

18. Age at time of THIS birth

41 yrs.

19. Birthplace

Denmark

(City or town)

(State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is

related to this child as _____ (First name) (Last name)

(Mother, etc.)

25. Attendant's **OWN** signature

M.D.

Midwife Address

Date

State of California
County of Los Angeles ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 32 years, and that

Fred 9 Campbell, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosa M. Casady

Rosa M. Casady

Signature

1034 W. 17th St.

Los Angeles P. O. Address

1942

Los Angeles

Notary Public, residing at

Commission Expires December 22, 1943

Sec. 17-914 Idaho Code Annot.

Received for filing on

by Marcel T. Miller Registrar.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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269-204,040.119

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **361611**
Local Reg. No.
Reg. Dist. No.

- | | |
|---|---|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>Shoshone</u> (b) City <u>Wallace</u>
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county <u>3</u> years months days | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Shoshone</u>
(c) City <u>Mullan</u>
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? <u>3</u> yrs. |
|---|---|

- | | |
|--|---|
| 4. FULL NAME OF CHILD <u>LILJA TYNE KORPI</u>
6. Sex <u>Female</u>
7. Twin or Triplet <u>Single</u>
8. No. months of Pregnancy <u>9</u>
9. Legitimate? <u>Yes</u> | 5. Date of Birth of Child <u>6/4/1910</u>
(Month, day, year)
10. FULL NAME OF FATHER OF CHILD <u>JACOB KORPI</u>
11. Color or Race <u>White</u>
12. Age at time of THIS birth <u>30</u> yrs.
13. Birthplace <u>Kupio, Finland</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>Miner</u>
15. Industry or Business <u>Mining</u> |
|--|---|

- | |
|--|
| 16. FULL MAIDEN NAME <u>KATRI JARVIS</u>
17. Color or Race <u>White</u>
18. Age at time of THIS birth <u>24</u> yrs.
19. Birthplace <u>Vehborg, Finland</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>Housewife</u>
21. Industry or Business <u>Business</u> |
|--|

- 22. Name prophylactic used to prevent Ophthalmia Neonatorum.** None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

- 24. I HEREBY CERTIFY** That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

- 25. Attendant's OWN signature** **M.D.** **Address** **Date**

State of Montana
County of Missoula } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 32 years, and that Jacob Korpi (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harry Wiseman Signature
Milltown Mont Box 3 P. O. Address

Subscribed and sworn to before me this 9th day of November, 1943.

(SEAL)

Marion S. Wiseman Notary Public, residing at Milltown
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by Marj Heeler, Registrar.

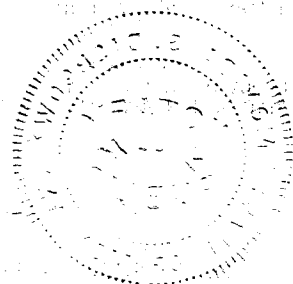
NOTARY PUBLIC COMMISSION EXPIRES FEB. 16, 1945

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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355-1251042.319

361663

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

NOV 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Twin Falls</u> (b) City <u>Twin Falls</u> (c) Street Address or R.F.D. No. <u>2nd Ave E</u> (d) Name of Hospital or Maternity Home: <u>Mother's home</u> (e) Mother's stay BEFORE delivery: <u>9</u> months <u>9</u> days IN THIS county		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Twin Falls</u> (c) City <u>Twin Falls</u> (d) Street Address or R.F.D. No. <u>about 20 yrs.</u> (e) How long has MOTHER lived in Idaho: <u>about 20 yrs.</u>	
4. FULL NAME OF CHILD <u>John Vincent Lee</u>		3. RESIDENCE OF FATHER (city, state) <u>Garden Utah</u> 5. Date of Birth of Child (Month, day, year) <u>Oct 15, 1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Rosmo Francis Lee</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>19</u> yrs. 13. Birthplace <u>Garden Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Block Signal Maintainer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Anna Belle Carr</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>18</u> yrs. 19. Birthplace <u>Trinidad Colorado</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 6 A. M. on the date Nov 23, 1942
 (Born alive stillborn)
 and at the place stated above, and that personal particulars were furnished by Belle Wilson, who is related to this child as Mother
 (First name) (Last name)
25. Attendant's OWN signature Lulu Carr **Midwife** XXXX **Address** Toppenish, Wash. **Date** Aug. 10, 1942

State of Washington } ss.
 County of Yakima

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the 49 years of age, that I have known this person for 31 years, and that in Item 4, above, that I am now Lulu Carr, who attended this birth did sign the above I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Belle Wilson Signature
R. D. #2, Toppenish, Washington P. O. Address
10th day of August, 19 42
 Subscribed and sworn to before me this 10th day of August, 19 42
 (SEAL) Lulu Carr Notary Public, residing at Toppenish, Wash.
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

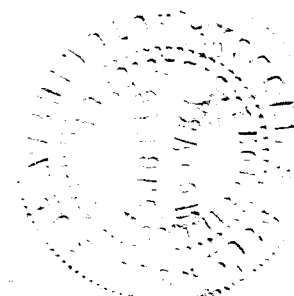
Received for filing on Nov 23, 1942 by John Vincent Lee, Registrar.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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799-110-095-213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **361712**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Calderac (b) City KIPPEN
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
own private home
(e) Mother's stay BEFORE delivery:
IN THIS county 4 years 4 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Calderac
(c) City KIPPEN
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD GEORGE HENRY Griffin

5. Date of Birth of Child
(Month, day, year) 9/10/1910

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9mo. 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME George Julius Griffin
11. Color or Race White 12. Age at time of THIS birth 54 yrs.
13. Birthplace Chicago Illinois
(City or town) (State or foreign country)
14. Exact Occupation Mill hand
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Emma Nalbofen
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Casey Iowa
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. not known
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 10:00 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mary Emma Griffin, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Deceased M.D. Address Deceased Date

State of Idaho County of Calderac } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 32 years, and that Dr. E. E. Ballard who attended this birth Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Emma Griffin Signature
1500 SE 7 Ave. Camas, Wash P. O. Address

Subscribed and sworn to before me this 27 day of Nov, 1942

(SEAL) [Signature] Notary Public, residing at Camas
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) [Signature]

Received for filing on NOV 27 1942 by Mary E. Griffin, Registrar.

DEC 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **361715**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **Bonner** (b) City **Priest River**
(c) Street Address or R.F.D. No. **Priest River**
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery, IN **THIS** county years **6** months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **Idaho** (b) County **Bonner**
(c) City **Priest River**
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? **1** yrs.

3. **RESIDENCE OF FATHER** (city, state) **Priest River, Idaho.**

4. **FULL NAME OF CHILD** **FRED ARTHUR PHILES**

5. Date of Birth of Child (Month, day, year) **Oct. 5, 1910**

6. Sex **male** 7. Twin or Triplet **no** If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME DORSEY STOCKTON PHILES	16. FULL MAIDEN NAME HATTIE NOLAND	11. Color white	17. Color white
12. Age at time of THIS birth 44 yrs.	18. Age at time of THIS birth 29 yrs.	13. Birthplace New York City, N.Y. (City or town) (State or foreign country)	19. Birthplace Adell, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation housewife	15. Industry or Business Farming	21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child **5** (b) Born alive and now living **6**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of **Washington** } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of **Pierce**

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4, above, that I am now **61** years of age, that I have known this person for **32** years, and that **Dr. McCarthy** who attended this birth **cannot be located** I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie Noland Philes Bonner Signature
7227 So. Fawcett Ave., Tacoma, Wn. O. Address

Subscribed and sworn to before me this **27th** day of **November**, 19 **42**

(SEAL) **Howard J. Lee** Notary Public, residing at **Tacoma.**
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-9-4 Idaho Code Annotated.)

Received for filing on **NOV 30 1942** by **Marj E. Egan** Registrar.

DEC 3 1942

APR 5 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. A signed certified copy requires an advance payment of fifty cents, money order or coin.

719-129-010-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **361725**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County BONNEVILLE (b) City IDAHO FALLS
(c) Street Address or R.F.D. No. ?
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 20 years - months - days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County BONNEVILLE
(c) City IDAHO FALLS
(d) Street Address or R.F.D. No. ?
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
3. **RESIDENCE OF FATHER** (city, state) IDAHO FALLS

4. **FULL NAME OF CHILD** RUFUS FRANK PARR
5. Date of Birth of Child (Month, day, year) JULY 29, 1910
6. Sex MALE 7. Twin or Triplet ? If so, born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? YES

- FATHER OF CHILD**
10. **FULL NAME** WILLIAM PARR
11. Color or Race WHITE 12. Age at time of THIS birth 39 yrs.
13. Birthplace LEAVEN WORTH KANSAS
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business AGRICULTURE
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** ANTONIA PARR
17. Color or Race WHITE 18. Age at time of THIS birth 39 yrs.
19. Birthplace HUKELHEIM GERMANY
(City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of TEXAS } ss. **AFFIDAVIT** to be completed when the attendant does not sign
County of TARRANT in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears
in Item 4, above, that I am now 72 years of age, that I have known this person for 32 years, and that
DR. ? LYLINE who attended this birth CANNOT BE LOCATED. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

The facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Mrs Wm Parr Signature
P.O. 1 Box 330. FORT WORTH, TEXAS P.O. Address
25 day of November, 1942
Lam Notary Public, residing at Fort Worth
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Tarrant County

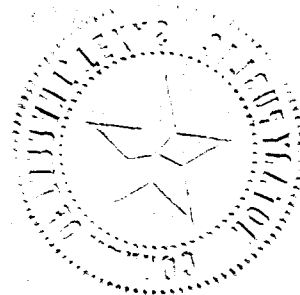
Received for filing on NOV 30 1942 by John J. G. G. G. Registrar.

DEC 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



361727

692-211-006-214
 United States
 Department of Commerce
 Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
 Local Reg. No. _____
 Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Bingham (b) City Blackfoot
 (c) Street Address or R.F.D. No. 576 So. University
 (d) Name of Hospital of Maternity Home: _____

(e) Mother's stay **BEFORE** delivery:

In Hospital or Maternity Home _____ Days
 In THIS county 14 years 11 months 20 days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Bingham
 (c) City Blackfoot
 (d) Street Address or R.F.D. No. 576 So. University
 (e) How long has **MOTHER** lived in Idaho? 15 yrs.
 (f) Mother's mailing address (For registration notice):
576 So. University Ave Blackfoot Ida
 (Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Blackfoot Ida4. FULL NAME OF CHILD Maxine Fisher5. DATE OF BIRTH July 11, 1910
(Month, day, year)

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Chas. V. Fisher

11. Color or Race White 12. Age at time of THIS birth 26 yrs.

13. Birthplace Marysville Kansas
 (City or Town) (State or foreign country)

14. Exact Occupation Bank Cashier15. Industry Business Bank

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude Fannie Sample

17. Color or Race White 18. Age at time of THIS birth 26 yrs.

19. Birthplace Helix Oregon
 (City or Town) (State or foreign country)

20. Exact Occupation Housewife21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 8 A M. on the date _____
 (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Maude Fisher, who is
 (First name) (Last name)

related to this child as Mother.
 (Mother, etc.)

NOV 30 1942

26. (a) _____ (b) Maude Fisher
 (Date received) (Registrar's signature)

25. Attendant's OWN signature M. Mitchell M.D.
 (D.O., Midwife, etc.)

27. Given name added on _____ by _____
 (Registrar's signature)

and address Blackfoot, Idaho, Date Nov. 2, 1942

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

3 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME. DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of

.....

(b) Labor: Complications:

.....

..... Induced?

.....

(c) State all operations for delivery

.....

.....

(d) Did baby have any:

(1) Congenital Malformation?

Describe:

(2) Birth Injury?

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

DELAYED

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

361769

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County <u>Latah</u>	(b) City <u>Potlatch</u>	(a) State <u>Idaho</u>	(b) County <u>Latah</u>
(c) Street Address or R.F.D. No. <u>None</u>		(c) City <u>Potlatch</u>	
(d) Name of Hospital or Maternity Home: <u>Home</u>		(d) Street Address or R.F.D. No. <u>None</u>	
(e) Mother's stay BEFORE delivery: IN THIS county <u>21</u> years <u>6</u> months <u></u> days		(e) How long has MOTHER lived in Idaho? <u>21</u> yrs.	
3. RESIDENCE OF FATHER (city, state) <u>Potlatch Ida</u>		5. Date of Birth of Child (Month, day, year) <u>March 24 1910</u>	

4. FULL NAME OF CHILD <u>Orville Floyd Gilmore</u>		6. Sex <u>Male</u>		7. Twin or Triplet		8. No. months of Pregnancy <u>9</u>		9. Legitimate? <u>Yes</u>	
If so—born 1st, 2nd, 3rd									

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>John Harrison Gilmore</u>		16. FULL MAIDEN NAME <u>Anna Belle Williams</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>23</u> yrs.		18. Age at time of THIS birth <u>23</u> yrs.	
13. Birthplace <u>Marysville Missouri</u> (City or town) (State or foreign country)		19. Birthplace <u>Moscow Idaho</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Sheet Metal Worker</u>		20. Exact Occupation <u>House Wife</u>	
15. Industry or Business <u>None</u>		21. Industry or Business <u>None</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature Dr. Thompson Dead M.D. Midwife Address Date

State of County of } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William John Simpson Signature

Subscribed and sworn to before me this 28 day of November 1937

(SEAL) Thomas Gray Notary Public, residing at Philp
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17914, Idaho Code.)

Received for filing on DEC 1 1942 by Marj K. Stacey Registrar.
My commission expires June 21, 1945

DEC 4 1942

FEB 7 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361773
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County KOOTENAI (b) City GIBBS
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
PRIVATE RESIDENCE
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 3 months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County KOOTENAI
(c) City GIBBS
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) GIBBS IDAHO

4. FULL NAME OF CHILD CHESTER NORMAN GOLM

5. Date of Birth of Child
(Month, day, year) NOVEMBER 21 1910

6. Sex MALE 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME AUGUST GOLM
11. Color WHITE 12. Age at time of THIS birth 27 yrs.
13. Birthplace JUNCTION CITY WISCONSIN U.S.A.
(City or town) (State or foreign country)
14. Exact Occupation SAWMILL WORKER AT TIME OF BIRTH
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME INGA MARIE BONGE
17. Color WHITE 18. Age at time of THIS birth 29 yrs.
19. Birthplace ULEFOS NORWAY
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child ONE. (b) Born alive and now living NONE

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of IDAHO County of BONNER } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 31 years of age, that I have known this person for 31 years, and that MRS. MORGAN, who attended this birth CAN NOT BE LOCATED. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 17th day of November 1910
(SEAL) Notary Public, residing at Sandpoint, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1942 by Maud E. Green Registrar.

DEC 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

253-129-20-343
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

361852 361852
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City.....
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Home Bogart Station
(e) Mother's stay BEFORE delivery:
IN THIS county years (4) months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Bogart Station
(e) How long has MOTHER lived in Idaho? (4 mo) yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD

Michel Philip Beckley

5. Date of Birth of Child
(Month, day, year) March 27 1940

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Owen Beckley
11. Color White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Paynesville, Minn.
(City or town) (State or foreign country)
14. Exact Occupation Waring Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Leola Grace Luther
17. Color White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Veray, Ind.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at 11:30 A.M. on the date May 12 1942
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Leola Beckley, who is related to this child as Mother
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Mrs. S. J. Ewen R.N. M.D. N-325 Address Boise Idaho R.1 Date May 12 42

State of..... ss.
County of.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that..... who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1942 by Mary E. Egan Registrar.

DEC 16 1942

MAY 14 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

698-217-023-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **361881**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Gem (b) City Clatskanie
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 6 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Gem
(c) City Clatskanie
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD

Gladys Caroline Fry

5. Date of Birth of Child

(Month, day, year) 1-17-1910

6. Sex Female

Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy 7

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Thomas Patton Fry

11. Color or Race

White **12. Age at time of THIS birth** 25 yrs.

13. Birthplace

Nevada, Missouri
(City or town) (State or foreign country)

14. Exact Occupation

15. Industry or Business

Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME

Hazel Mary MacFadzeon

17. Color or Race

White **18. Age at time of THIS birth** 18 yrs.

19. Birthplace

Gresham, Oregon
(City or town) (State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife Address

Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 32 years, and that

who attended this birth I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hazel Mary MacFadzeon Signature

El Monte Calif. P. O. Address

Subscribed and sworn to before me this 10th day of November, 1942

(SEAL)

E. T. Davis

Notary Public, residing at El Monte, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1942 by Mabel E. E. E. Registrar.

DEC 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

434-218-1235-769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **361925**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. 1826 Main
(d) Name of Hospital or Maternity Home:

(e) Mother's stay at home BEFORE delivery:
IN THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 1826 Main
(e) How long has MOTHER lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Mayselle Margarette McDole

5. Date of Birth of Child
(Month, day, year) May 18, 1910

6. Sex Female **7. Twin or** Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME George Burton McDole
11. Color White **12. Age at time** 35 yrs.
or Race White of THIS birth
13. Birthplace Cripple Creek, Colorado
(City or town) (State or foreign country)
14. Exact Occupation Deliveryman
15. Industry or Business Grocery Store

MOTHER OF CHILD

16. FULL MAIDEN NAME Nora Bell Coryell
17. Color White **18. Age at time** 35 yrs.
or Race White of THIS birth
19. Birthplace Leighton Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) 1 At time of birth and including this child (b) 1 Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature [Signature] **M.D.** [Signature] **Address** **Date**

State Washington } ss.
County of Spokane

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 63 32 years, and that Dr. Elizabeth Todd, who attended this birth is now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Eby Signature

W 417 - 20 th. Spokane Wash P. 9. Address

Subscribed and sworn to before me this 20th day of November 1912

(SEAL) [Signature] Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 5 1942 by Mary E Eder, Registrar.

DEC 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

281-101-044-266
United States (Be sure the information is as of date of birth of THIS child) State File No. 361945
Department of Commerce
Bureau of the Census
CERTIFICATE OF BIRTH
STATE OF IDAHO
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 6 years 0 months 0 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)
4. **FULL NAME OF CHILD** Ernest Byreun Shaw
5. Date of Birth of Child (Month, day, year) Sept. 1, 1910
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Arthur Benjiman Shaw
11. Color or Race white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Weaver Idaho (City or town) (State or foreign country)
14. Exact Occupation Farm and sheep
15. Industry or Business own place
MOTHER OF CHILD
16. **FULL MAIDEN NAME** Martha May Bowen
17. Color or Race white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Portland Oregon (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 0

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 10 A. M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Martha May Rice, who is related to this child as Mother (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Martha May Rice M.D. Midwife Address Drain, Oregon Date 12/5-43
State of Oregon County of Douglas } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that Dr. Huen, who attended this birth, can not be found I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha May Rice Signature
Dr. Huen P. O. Address
Subscribed and sworn to before me this 5 day of December 1943
(SEAL) Don E. Huen Notary Public, residing at Drain, Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on DEC 7 1943 by Martha May Rice Registrar.

DEC 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

593-2251005-553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **361946**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Benawah</u> (b) City <u>St Joe</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>St Joe Hospital</u> (e) Mother's stay BEFORE delivery: IN THIS county years <u>8</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Benawah</u> (c) City <u>St Joe</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>37</u> yrs.	
4. FULL NAME OF CHILD <u>Thelma Katherine Nicholby</u>		5. Date of Birth of Child (Month, day, year) <u>Oct. 25, 1910</u>	
6. Sex <u>female</u> 7. Twin or Triplet <u>single</u> If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>John Helmar Nicholby</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>41</u> yrs. 13. Birthplace <u>Toten</u> (City or town) <u>Norway</u> (State or foreign country) 14. Exact Occupation <u>miner</u> 15. Industry or Business <u>mines</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Julia Matilda Nelson</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>36</u> yrs. 19. Birthplace <u>St Joe</u> (City or town) <u>Idaho</u> (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at 8 P. M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Julia Nicholby, who is
related to this child as Mother (Mother, etc.)
25. Attendant's OWN signature Julia Matilda Nicholby **M.D.** **Date**

State of Idaho }
County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 32 years, and that Thelma Nicholby (First name) (Last name), who attended this birth. I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia M. Nicholby Signature
Sum Idaho Box 57 P. O. Address

Subscribed and sworn to before me this 5 day of December, 19 42

(SEAL)

Geo. W. Graeber

Notary Public, residing at WALLACE

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 7 1942 by M. J. [Signature], Registrar.

DEC 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

255-228,042-814

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **361981**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth):
(a) County Twin Falls (b) City Murtaugh
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: family home on farm
(e) Mother's stay **BEFORE** delivery: one year eight months eight days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth):
(a) State Idaho (b) County Twin Falls
(c) City Murtaugh
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yr. 8 mos yrs.
3. **RESIDENCE OF FATHER** (city, state) Murtaugh, Id.

4. **FULL NAME OF CHILD** Christina Evangeline Senecal
5. Date of Birth of Child (Month, day, year) Aug. 28, 1940
6. Sex female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** John Senecal
11. Color or Race white 12. Age at time of THIS birth 40 yrs.
13. Birthplace Montreal, Canada
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Beatrice Adelina Hamilton
17. Color or Race white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Mill Creek Utah
(City or town) (State or foreign country)
20. Exact Occupation farm house-wife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4. above, that I am now 36 years of age, that I have known this person for 32 years, and that Dr. Truman O. Boyd who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Mrs. Beatrice Senecal Signature
2233 Purdue, West Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me this 28th day of November, 1940
(SEAL) Helen M. Richmond Notary Public, residing at Santa Monica, California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

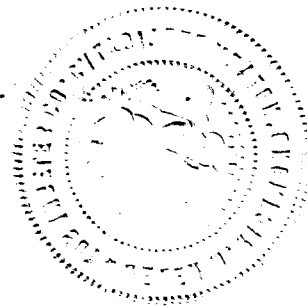
Received for filing on DEC 10 1942 by Mary J. Edgar Registrar.

DEC 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

567-209-042-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **361990**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Twin Falls (b) City Kimberley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home

(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 10 months days

4. FULL NAME OF CHILD Phoebe Ellen Hogan

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Michael Joseph Hogan
11. Color White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Michigan (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Twin Falls
(c) City Kimberley
(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 10 Mo.

3. RESIDENCE OF FATHER (city, state) Kimberley Idaho

5. Date of Birth of Child (Month, day, year) Aug. 9, 1910

8. No. months of Pregnancy 9 mo. 9. Legitimate? No

MOTHER OF CHILD

16. FULL MAIDEN NAME Cecelia Mary Lyons
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Bearcreek Wisconsin (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife Address Date

State of MINNESOTA
County of RAMSEY } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 35 years of age, that I have known this person for 32 years, and that DR. (21) WHITE, who attended this birth now not in Idaho, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

E. N. LEAF.

Cecelia Mary Hogan Signature
1660 HEWITT AVE. ST. PAUL, MINN. P. O. Address

Subscribed and sworn to before me this 7 day of December, 1942

(SEAL)

Notary Public, residing at St. Paul, Minn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) ALAIR AVE.

Received for filing on DEC 10 1942 by Mary E. Edgar, Registrar.

DEC 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

855-103.016-653

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States (Be sure the information is as of date of birth of THIS child) State File No.
 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
 Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
 (a) County CASSIA (b) City OAKLEY
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home: HOME OF PARENTS
 (e) Mother's stay BEFORE delivery: IN THIS county 32 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
 (a) State Idaho (b) County Cassia
 (c) City Oakley
 (d) Street Address or R.F.D. No.
 (e) How long has MOTHER lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD MAYLOND WELLS HENRIOD 5. Date of Birth of Child (Month, day, year) November 3rd 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Alphonso J. Henriod 11. Color White 12. Age at time of THIS birth 36 yrs. 13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer & Laborer 15. Industry or Business

16. FULL MARRIED NAME Estella Olive Wells 17. Color White 18. Age at time of THIS birth 32 yrs. 19. Birthplace Deep Creek Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum,

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Utah County of Salt Lake county } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 32 years, and that Jennette Daly (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Estella Henriod Signature

128 Garden Ave. S.L.C., Utah P. O. Address

Subscribed and sworn to before me this 28th day of November, 1942

(SEAL) Tramit N. Laughlin Notary Public, residing at S.L.C. Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1942 by Mary E. Eder Registrar.

DEC 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

236-2241010-614

362027

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 22 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls Idaho

4. FULL NAME OF CHILD Dorothy Lillian Stoddard

5. Date of Birth of Child January 24, 1910
(Month, day, year)

6. Sex Female **7. Twin or Triplet** no **8. If so—born 1st, 2nd, 3rd** no

8. No. months of Pregnancy Usual **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Orson Pratt Stoddard
11. Color or Race White **12. Age at time of THIS birth** 25 yrs.
13. Birthplace Utah Utah
(City or town) (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business Contractor

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Wadsworth
17. Color or Race White **18. Age at time of THIS birth** 22 yrs.
19. Birthplace Taylor Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housework

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10-8

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by , who is related to this child as (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Address Idaho Falls, Idaho Date Dec 7-42

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that , who attended this birth I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19 42

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 8 1942 by Mary E Elder Registrar.

DEC 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

385-201-240-349

362028

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Shoshone</u> (b) City <u>St. Joe</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: IN THIS county <u>1</u> years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State _____ (b) County _____ (c) City _____ (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? _____ yrs.
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4. FULL NAME OF CHILD <u>Cecelia Maude Lynn</u> 6. Sex <u>Female</u> 7. Twin or Triplet <u>single</u> 8. No. months of Pregnancy <u>nine</u>	5. Date of Birth of Child (Month, day, year) <u>Jan. 1st, 1910</u> 9. Legitimate? <u>yes</u>
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FATHER OF CHILD 10. FULL NAME <u>William Allen Lynn</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>27</u> yrs. 13. Birthplace <u>Mt. Pleasant</u> <u>Michigan</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Logging Contractor</u> 15. Industry or Business <u>Lumbering</u>	MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Bertha Laurel Turk</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>25</u> yrs. 19. Birthplace <u>Alden</u> <u>Michigan</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____
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22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Midwife Address** _____ **Date** _____

State of Michigan } **AFFIDAVIT** to be completed when the attendant does not sign
 County of Kalkaska } in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 31 3/4 years, and that Dr. Greer who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Laurel Lynn Signature
Rapid City, Michigan P. O. Address

Subscribed and sworn to before me this 10th day of November, 1942

(SEAL) Ernest E. Sherwood Probate Judge residing at Kalkaska, Mich

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1942 by Mary E. Edder Registrar.

DEC 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

233-210-210-683

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **362073**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bonneville</u> (b) City <u>Idaho Falls</u> (c) Street Address or R.F.D. No. <u>311 Placer Ave.</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: IN THIS county <u>1</u> years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bonneville</u> (c) City <u>Idaho Falls, Idaho</u> (d) Street Address or R.F.D. No. <u>311 Placer Ave.</u> (e) How long has MOTHER lived in Idaho? <u>1</u> yrs.	
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4. FULL NAME OF CHILD <u>Margaret Willsey St. Clair</u> 6. Sex <u>Female</u> 7. Twin or Triplet <u>Triplet</u> If so—born 1st, 2nd, 3rd		5. Date of Birth of Child (Month, day, year) <u>8-10-10</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
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FATHER OF CHILD 10. FULL NAME <u>Charles Conklin St. Clair</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>33</u> yrs. 13. Birthplace <u>Vinton, Iowa</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Lawyer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Ada Fredericka Willsey</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>28</u> yrs. 19. Birthplace <u>Blair, Nebraska</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 County of Bonneville

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now sixty years of age, that I have known this person for 32 years, and that Dr. T. C. Willson, who attended this birth, is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Ada St. Clair

Route #1, Idaho Falls, Idaho P. O. Address _____

Subscribed and sworn to before me this 7 day of December 1942

(SEAL) Martell M. Smith Notary Public, residing at Idaho Falls, Idaho
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by Martell M. Smith, Registrar.

DEC 11 1942

DEC 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

255-117.044-931

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **362078**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho

4. **FULL NAME OF CHILD** Ferdinand Jerome Benson

5. Date of Birth of Child
(Month, day, year) March 17, 1910

6. Sex male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Jerome Jesse Benson</u>	16. FULL MAIDEN NAME <u>Anna Antony Zlabek</u>		
11. Color or Race <u>white</u>	17. Color <u>white</u>	12. Age at time of THIS birth <u>25</u> yrs.	18. Age at time of THIS birth <u>19</u> yrs.
13. Birthplace <u>Boise Idaho</u> (City or town) (State or foreign country)	19. Birthplace <u>Schuyler Nebraska</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Farmer</u>	20. Exact Occupation <u>house wife</u>		
15. Industry or Business <u>Agriculture</u>	21. Industry or Business <u>Home</u>		

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of OREGON } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Klamath

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that Mrs. Ward, the mid-wife is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Antony Howard Signature
Rt. 1, Bx. 648, Klamath Falls, Oregon P. O. Address

Subscribed and sworn to before me this 8th day of December, 1942
(SEAL) Thomas W. Chatham Notary Public, residing at Merrill, Oreg.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 11 1942 by Mary E. Egan Registrar.

DEC 14 1942

OCT 24 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **362077**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nampa (b) City Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

4. **FULL NAME OF CHILD** Nancy Bern (Mitchell) Cicchine
5. Date of Birth of Child (Month, day, year) 3/26/10
6. Sex Female (a) Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Marco Cicchine
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Italy (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Josephine Falgerson
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Cooperstown New York (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of California }
County of San Francisco } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that Mrs. Herbert Jacobson, who attended this birth, cannot be found. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine Ribley Signature
13336 Ellis St-San Francisco, Cal. P. O. Address

Subscribed and sworn to before me this 9th day of December, 1942

(SEAL) R. Anderson Notary Public, residing at San Francisco
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Cal

Received for filing on DEC 11 1942 by Marj T. E. E. E. Registrar.

DEC 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **362080**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 15 months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Lewis
(c) City Nezperce
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 53 yrs.

3. RESIDENCE OF FATHER (city, state) Nezperce, Idaho

4. FULL NAME OF CHILD Elaine D. Crim

6. Sex Female 7. Twin or Triplet No. If so—born 1st, 2nd, 3rd _____

5. Date of Birth of Child (Month, day, year) 1-24-1910

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Richard Crim
11. Color or Race White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Springfield, Illinois
(City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Inez Poole
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of Idaho }
County of CLAY WATER } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 33 years, and that DR. J. KELLY who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Inez Nelson Signature
WRIPPE, IDAHO P. O. Address

Subscribed and sworn to before me this 8 day of December, 1942
(SEAL) Glenwood Jordan Notary Public, residing at WRIPPE, IDAHO
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC. 11 1942 by Mary E. Eber Registrar.

DEC 14 1942

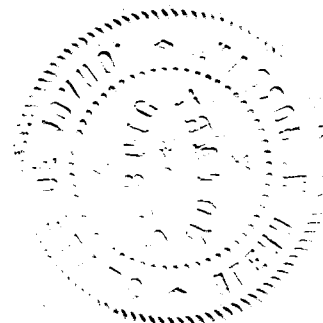
JAN 6 1970

JUL 17 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



819-230-022-867

362119

United States (Be sure the information is as of date of birth of THIS child) State File No.
 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
 Bureau of the Census OCT 23 1942 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
 (a) County Jefferson (b) City Menan
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home: None
 (e) Mother's stay BEFORE delivery: IN THIS county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
 (a) State Idaho (b) County Jefferson
 (c) City Menan
 (d) Street Address or R.F.D. No.
 (e) How long has MOTHER lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Menan, Idaho

4. FULL NAME OF CHILD Ivy Kathryn Hart
 7. Twin or Triplet If so—born 1st, 2nd, 3rd
 6. Sex Female

5. Date of Birth of Child (Month, day, year) August 30, 1910
 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME John William Hart 16. FULL MAIDEN NAME Elizabeth Jane Hagg
 11. Color or Race White 12. Age at time of THIS birth 44 yrs. 17. Color or Race White 18. Age at time of THIS birth yrs.
 13. Birthplace Ogden, Utah (City or town) (State or foreign country) 19. Birthplace Centerville, Utah (City or town) (State or foreign country)
 14. Exact Occupation Farmer 20. Exact Occupation Housewife
 15. Industry or Business Agriculture 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
 23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by Vada Hart Mattice, who is related to this child as Sister (Mother, etc.)
 25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of Idaho County of King ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 32 years, and that James Mellon Miller, who attended this birth deceased, I further state that (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
Vada Hart Mattice Signature
10339 Midvale Ave Seattle P. O. Address
 Subscribed and sworn to before me this 20 day of October 1942
 (SEAL) X. X. Hansen Notary Public, residing at Seattle
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

Received for filing on OCT 23 1942 by Mabel E. Egan Registrar.

DEC 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

693-182,022-764

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **362156**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Tremont</u> (b) City <u>Chester</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Tremont</u> (c) City <u>Chester</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>20</u> yrs.
3. RESIDENCE OF FATHER (city, state) <u>Chester Idaho</u>		

4. FULL NAME OF CHILD <u>Edwyn David Williams</u>	5. Date of Birth of Child (Month, day, year) <u>6-2-1910</u>
6. Sex <u>male</u> Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>John Edward Williams</u>	16. FULL MARRIED NAME <u>Mrs. Irene Galfrey</u>		
11. Color or Race <u>white</u>	17. Color or Race <u>white</u>		
12. Age at time of THIS birth <u>31</u> yrs.	18. Age at time of THIS birth <u>29</u> yrs.		
13. Birthplace <u>Boulder Colo</u> (City or town) (State or foreign country)	19. Birthplace <u>John Days Lake Idaho</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Blacksmith</u>	20. Exact Occupation <u>housewife</u>		
15. Industry or Business	21. Industry or Business		

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature **M.D. Midwife Address** **Date**

State of } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 33 years, and that Nellie Brown who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Irene Galfrey Signature
Box 183 Grantville Utah P. O. Address

Subscribed and sworn to before me this 12 day of Dec 1942
(SEAL) [Signature] Notary Public, residing at Grantville, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1942 by Mary E. Elder Registrar.

DEC 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

556-111-036-555

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **362168**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Oneda</u> (b) City <u>near Aberdeen</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>3</u> years <u>1</u> months <u>0</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneda</u> (c) City <u>near Aberdeen</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>3</u> yrs.
3. RESIDENCE OF FATHER (city, state) <u>same</u>		

4. FULL NAME OF CHILD <u>Floyd Clarence Neufeld</u>	5. Date of Birth of Child (Month, day, year) <u>June 11-1910</u>
6. Sex <u>male</u> 7. Twin or Triplet <u> </u> 8. No. months of Pregnancy <u>8 mo</u>	9. Legitimate? <u>Yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Caron J Neufeld</u>	16. FULL MAIDEN NAME <u>Anna Enns</u>	11. Color or Race <u>White</u>	17. Color or Race <u>White</u>
12. Age at time of THIS birth <u>28</u> yrs.	18. Age at time of THIS birth <u>20</u> yrs.	13. Birthplace <u>Winona Minnesota</u> (City or town) (State or foreign country)	19. Birthplace <u>Mountain Lake, Minnesota</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Farm Laborer</u>	20. Exact Occupation <u>housewife</u>	15. Industry or Business <u> </u>	21. Industry or Business <u> </u>

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 4 P. M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of California } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Fresno }

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that Dr. McKennen who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Enns Neufeld Signature
1390 West Ave., Reedley, Calif. P. O. Address
16th day of November 1942
Subscribed and sworn to before me this day of
(SEAL) Paul C. Gysmann Notary Public, residing at Reedley, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1942 by Marj Elder Registrar.

DEC 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

235-227-019-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **30181**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Custer</u> (b) City <u>Mackey</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>3</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Custer</u> (c) City <u>Mackey</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>9</u> yrs.	
3. RESIDENCE OF FATHER (city, state) <u>Mackey, Idaho</u>		5. Date of Birth of Child (Month, day, year) <u>7-27-10</u>	

4. FULL NAME OF CHILD <u>Lena Edith Stewart</u>		6. Sex <u>Female</u>	
7. Twin or Triplet <u>Triplet</u>		8. No. months of Pregnancy <u>9</u>	
9. Legitimate? <u>Yes</u>			

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Boyd McDonald Stewart</u>		16. FULL MAIDEN NAME <u>Fannie Jessie Belsher</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>34</u> yrs.		18. Age at time of THIS birth <u>30</u> yrs.	
13. Birthplace <u>Des Moines</u> <u>Iowa</u> (City or town) (State or foreign country)		19. Birthplace <u>Boonville</u> <u>Mississippi</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Freighter</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10:30 P.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Fannie Stewart, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature [Signature] **M.D. Midwife** [Signature] **Address** [Address] **Date** 11/18/42

State of } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of }

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address
Subscribed and sworn to before me this day of 19.....

(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 17 1942 by [Signature] Registrar.

DEC 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

796 220 025 -229

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **362229**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Kooskia</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Private Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>7</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Near Kooskia</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>10</u> yrs.	
4. FULL NAME OF CHILD <u>Velma Leamon Gross</u> 7. Twin or Triplet <u>if so—born 1st, 2nd, 3rd</u>		5. Date of Birth of Child (Month, day, year) <u>Sept, 20, 1940</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 6. Sex <u>female</u> 10. FULL NAME <u>Jesse Leamon Gross</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>27</u> yrs. 13. Birthplace <u>Colfax, Wash.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Hazel Florence Skinner</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>21</u> yrs. 19. Birthplace <u>Brookings, S. D.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>Two</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date
State of Washington }
County of Wahitan } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 32 years, and that H. J. Wallenberg, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Hazel Gross Signature
Colfax Wash. P. O. Address

Subscribed and sworn to before me this 20th day of Nov. 1940
(SEAL) S. M. McCracken Notary Public, residing at Colfax Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

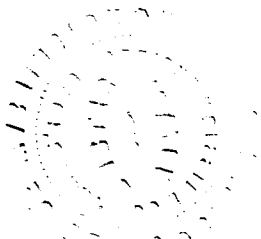
Received for filing on DEC 14 1940 by Mabel Zeefer Registrar.

DEC 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

661-114022-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **362233**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City Bernice P.O.
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none

(e) Mother's stay **BEFORE** delivery
IN **THIS** county 21 years 27 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont
(c) City Bernice
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) dead

4. FULL NAME

OF CHILD Michael Clyde O'Farrell

5. Date of Birth of Child

(Month, day, year) Oct, 14-1910

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy full 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Clem, O'Farrell,
11. Color or Race white 12. Age at time of THIS birth 43 yrs.
13. Birthplace Virginia
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Ward Bernethy
17. Color or Race white 18. Age at time of THIS birth 39 yrs.
19. Birthplace Iona City, Missouri
(City or town) (State or foreign country)
20. Exact Occupation housewife-farmer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. none used,

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living all

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)

(None in attendance) / now living

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of Washington
County of Benton } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 32 years, and that William Clem O'Farrell, who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Ward Laird (O'Farrell) Signature

Benton City, Washington P. O. Address

Subscribed and sworn to before me this 4th day of December, 1942

(SEAL)

B. E. Mc Gregor

Notary Public, residing at P. ROSSER Wash.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 14 1942 by [Signature] Registrar.

MAR 14 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

445 214 014 367
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **362258**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. Aven Avenue
(d) Name of Hospital or Maternity Home:
AT Residence
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. Aven Avenue
(e) How long has **MOTHER** lived in Idaho? 10 years

3. RESIDENCE OF FATHER (city, state) Caldwell Idaho

4. FULL NAME

OF CHILD Ferne Elberta Duncan

5. Date of Birth of Child

(Month, day, year) March 14, 1910

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alfonso William Duncan
11. Color or Race White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Rockland Maine
(City or town) (State or foreign country)
14. Exact Occupation Blacksmith machinist
15. Industry or Business machine shop

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Zelda Copping
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Leavenworth Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child.....2.....(b) Born alive and now living.....2.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 2:30 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Alice Duncan, who is (First name) (Last name)
related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife Address

W. B. Decker Mar 11 1942
Date
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of..... } ss.
County of..... }

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that (First name) (Last name) who attended this birth..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 4 1942 by Marj B. Decker, Registrar.

DEC 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

449-229 042-331

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **362264**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 3 months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 mo. yrs.
3. **RESIDENCE OF FATHER** (city, state) 23 years

4. **FULL NAME OF CHILD** Mary Margaret Durnil
7. Twin or Triplet no If so—born 1st, 2nd, 3rd
5. Date of Birth of Child: 8-29-1910
(Month, day, year)
6. Sex female 8. No. months of Pregnancy 9mo 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Levi Wesley Durnil
11. Color white or Race Illinois 12. Age at time of THIS birth 45 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Ranch
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Laura Mabel Clark
17. Color white or Race white 18. Age at time of THIS birth 27 yrs.
19. Birthplace (City or town) (State or foreign country) Missouri
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 8 A. M. on the date 8-29-1910 and at the place stated above, and that personal particulars were furnished by Laura Durnil, who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for born years, and that deceased

Dr. Charles Weatherbee, who attended this birth, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura M. Durnil Signature
Box 394 Lawndale, Calif P. O. Address

Subscribed and sworn to before me this 12 day of December, 19 42

(SEAL) Georgia C. Wade My Comm. Ex. Notary Public, residing at Lawndale, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 18 1942 by Mabel E. Fisher Registrar.

DEC 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

352-230 003-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **362271**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Pennock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 2 months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
3. **RESIDENCE OF FATHER** (city, state) Shoshone Idaho

4. **FULL NAME OF CHILD** Marguerite Rose LeBailey
5. Date of Birth of Child (Month, day, year) August 30 1910
6. Sex Female 7. Twin or Triplet If so born 8. No. months of Pregnancy 9 9. Legitimate? Yes
1st, 2nd, 3rd

- FATHER OF CHILD**
10. **FULL NAME** Thomas Bernard LeBailey
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Isle of Jersey (City or town) (State or foreign country)
14. Exact Occupation Locomotive Engineer
15. Industry or Business R R
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Jeannie Marie Wilson
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Forest Hill (City or town) (State or foreign country) England
20. Exact Occupation House wife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive or stillborn) on the date m 1942
and at the place stated above, and that personal particulars were furnished by Mrs Jeannie M LeBailey who is related to this child as Mother (First name) (Last name)
(Mother, etc.)
25. Attendant's William F. Howard M.D. Address Pocatello Idaho Date Nov 5 1942
OWN signature Midwife

State of _____ }
County of _____ } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth _____ I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____

(SEAL)

Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 19 1942 by Margaret E. Fisher, Registrar.

DEC 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

519-224-40-553
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

363290
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonerville (b) City Ida Falls
(c) Street Address or R.F.D. No. 297 Cliff St.
(d) Name of Hospital or Maternity Home: at home - 297 Cliff St.
(e) Mother's stay **BEFORE** delivery 2 years 2 months 2 days
IN **THIS** county

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonerville
(c) City Ida Falls Idaho
(d) Street Address or R.F.D. No. 297 Cliff St
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ida Falls Ida

4. **FULL NAME OF CHILD** Elveia Vail
5. Date of Birth of Child Oct 29, 1910
(Month, day, year)
6. Sex Female 7. Twin or Triplet Triple If so - born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Daniel Heber Vail
11. Color white 12. Age at time of THIS birth 34 yrs.
13. Birthplace Franklin Idaho
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD NELSON
16. **FULL MAIDEN NAME** Florence Amelia
17. Color white 18. Age at time of THIS birth 34 yrs.
19. Birthplace Osford Idaho
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____
Midwife Address _____ Date _____

State of California }
County of San Bernardino } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 32 years, and that Florence M. Welch who attended this birth. _____
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Florence M Welch Signature
1092 N. 7th St. Colton Calif. P. O. Address

Subscribed and sworn to before me this 5th day of Dec. 1942

(SEAL) Elizabeth Davis Notary Public, residing at Colton Cal.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 9 1942 by Mary E. Fisher Registrar.

MAY 8 1972

DEC 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

168-2151032-343

363293

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Lincoln (b) City Marley near
(c) Street Address or R.F.D. No. Richfield
(d) Name of Hospital or Maternity Home: At Home

(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Lincoln
(c) City Marley
(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Hazel Orene Johnson

5. Date of Birth of Child July 13, 1910
(Month, day, year)

6. Sex Female Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9. Legitimate?**

FATHER OF CHILD

10. FULL NAME Louis Jacob Johnson

11. Color or Race White **12. Age at time of THIS birth** 36 yrs.

13. Birthplace Spring City Utah
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Tucker

17. Color or Race white **18. Age at time of THIS birth** 31 yrs.

19. Birthplace North Carolina
(City or town) (State or foreign country)

20. Exact Occupation

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife Address

Date

State of Idaho
County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 32 years, and that who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louis Jacob Johnson Signature

P. O. Address

Subscribed and sworn to before me this 19th day of December, 1942.

(SEAL)

Charles E. Allen PROBATE JUDGE OF
LINCOLN COUNTY, IDAHO, residing at Shoshone Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 21 1942 by Marj E. Allen Registrar.

DEC 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-203-040-565

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

363294
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years 16 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Grace Beatrice Gregg

5. Date of Birth of Child
(Month, day, year) Dec 3, 1910

6. Sex Female 7. Twin or Triplet No ~~If so - born 1st, 2nd, 3rd~~

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Edward Gregg
11. Color White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Missouri
(City or town) (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Tobacco

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Adelia Noe
17. Color White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Spokane Washington
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Colorado } ss.
County of Denver

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 32 years of age, that I have known this person for 32 years, and that Dr. James M. Matcliffe who attended this birth deceased I further state that (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Mrs. Mary A. Gregg Signature
..... 1524 Fillmore St. P. O. Address

Subscribed and sworn to before me this 3rd day of Dec, 1910.
(SEAL) Paul Brown Notary Public, residing at Denver, Colo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, my commission expires March 3, 1915.)

Received for filing on DEC 21 1942 by Mary E. Lifer Registrar.

DEC 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

195-111-007-866
 United States
 Department of Commerce
 Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **363298**
 Local Reg. No.
 Reg. Dist. No.

DEC 21 1942

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Carey
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home at home
 (e) Mother's stay **BEFORE** delivery:
 IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Blaine
 (c) City Carey
 (d) Street Address or R.F.D. No.
 (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Decoda

4. FULL NAME OF CHILD Jim Halley Ainsworth

5. Date of Birth of Child July 11th 1910
 (Month, day, year)

6. Sex male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8 1/2 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joe Leon Ainsworth
 11. Color or Race white 12. Age at time of THIS birth 32 yrs.
 13. Birthplace Brigham City, Utah
 (City or town) (State or foreign country)
 14. Exact Occupation Farmer
 15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Theresa Maud Howard
 17. Color or Race English 18. Age at time of THIS birth 31 yrs.
 19. Birthplace Stoke Newington, England
 (City or town) (State or foreign country)
 20. Exact Occupation housewife & nurse
 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid
 23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is related to this child as
 (First name) (Last name)
 (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Idaho } ss.
 County of Twin Falls

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 34 years of age, that I have known this person for 32 years, and that Mrs Louise B Howard who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have the birth recorded under Chapter 139, 1937 Session Laws.

Mrs J M Ainsworth Signature
637 3rd ave West Twin Falls, Idaho O. Address

Subscribed and sworn to before me this 18th day of December 1942

(SEAL)

Ruth L Edmunds Notary Public, residing at Twin Falls, Idaho

Received for filing on DEC 21 by Maud J. [unclear] Registrar.

SEP 22 1970

DEC 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

435-227-228-168

363316

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

DEC 21 1942 CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 9th & Hastings
(d) Name of Hospital or Maternity Home:
Born at home

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 9th & Hastings
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address 9th & Hastings

3. RESIDENCE of FATHER (city, state)

5. Date of Birth
(Month, day, year) Aug. 7, 1910

4. FULL NAME
OF CHILD

Josephine McNaughton

6. Sex female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Francis McNaughton

11. Color or Race White 12. Age at time of THIS birth 33 yrs.

13. Birthplace Pewaukee, Wisconsin
(City or town) (State or foreign country)

14. Exact Occupation Lawyer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mame Johnson

17. Color or Race White 18. Age at time of THIS birth 26 yrs.

19. Birthplace Council Bluffs, Iowa
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag-Nob

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by W. F. McNaughton, who is related to this child as _____
(First name) (Last name)

26. (a) _____ (b) _____
(Date received) (Registrar's signature)

27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature John E. Shepherd M.D.
(D.O., Midwife, etc.)
and address Idaho Falls, Idaho Date 12/24/42

State of _____ }
County of _____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____, who attended said birth _____ (Name of attendant at birth) and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19 _____

(SEAL)

Notary Public, residing at _____

DEC 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

685-12-035-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **363327**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County Nez Perce	(b) City Rural (Orofino)	(a) State Idaho	(b) County Nez Perce
(c) Street Address or R.F.D. No. Orofino, Ida		(c) City Orofino	
(d) Name of Hospital or Maternity Home: Home Delivery		(d) Street Address or R.F.D. No. 1	
(e) Mother's stay BEFORE delivery: IN THIS county 1 years 2 months _____ days		(e) How long has MOTHER lived in Idaho? 1 yrs.	

4. FULL NAME OF CHILD William Richard Wheeler		5. Date of Birth of Child (Month, day, year) Dec 12, 1910	
6. Sex male	7. Twin or Triplet no	8. No. months of Pregnancy 9	9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME Samuel Richard Wheeler		16. FULL MAIDEN NAME Ethel M. Smith	
11. Color or Race White	12. Age at time of THIS birth 3 1 yrs.	17. Color or Race White	18. Age at time of THIS birth 30 yrs.
13. Birthplace Lawrence Co. Missouri (City or town) (State or foreign country)		19. Birthplace Jasper Co. Mo (City or town) (State or foreign country)	
14. Exact Occupation Farmer		20. Exact Occupation Housewife	
15. Industry or Business Farming		21. Industry or Business Housewife	

22. Name prophylactic used to prevent Ophthalmia Neonatorum **none**

23. Number of children of this mother: (a) At time of birth and including this child **6** (b) Born alive and now living **6**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Midwife _____ Address _____ Date _____

State of **Idaho** } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of **Clearwater**

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4, above, that I am now **62** years of age, that I have known this person for **32** years, and that **Dr. J. Fairley** who attended this birth **is now deceased** I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ethel M. Wheeler Signature
Grangemont, Idaho P. O. Address

Subscribed and sworn to before me this **19th** day of **December**, 19**42**

(SEAL)

Samuel H. Swaine, Notary Public, residing at **Orofino, Idaho**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17914, Idaho Code Annotated.)

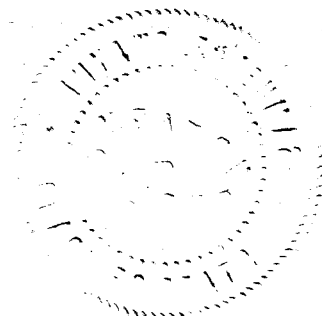
Received for filing on **DEC 21 1942** by **Mary E. Fisher**, Registrar.

DEC 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



233-216-009-814

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **363332**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County... **Bonner** (b) City... **Sand Point**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county **1** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State... **Idaho** (b) County... **Bonner**
(c) City... **Sand Point**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? **one** yrs.

4. FULL NAME OF CHILD **Frances St. Claire**

5. Date of Birth of Child **Oct. 10, 1910**
(Month, day, year)

6. Sex **female** **7. Twin or Triplet** **8. No. months of Pregnancy** **9. Legitimate?** **yes**

FATHER OF CHILD
10. FULL NAME **Jack St Claire**
11. Color **white** **12. Age at time of THIS birth** yrs.
13. Birthplace **Texas**
(City or town) (State or foreign country)
14. Exact Occupation **telephone trouble shooter**
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME **Margaret Hamilton**
17. Color **white** **18. Age at time of THIS birth** **22** yrs.
19. Birthplace **Alpena, Mich.**
(City or town) (State or foreign country)
20. Exact Occupation **housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **Argyrol**
23. Number of children of this mother: (a) At time of birth and including this child **2nd** (b) Born alive and now living **yes**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Midwife** **Address** **Date**

State of... **Washington** } ss.
County of... **King**

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **aunt** of the person whose name appears in Item 4, above, that I am now **59** years of age, that I have known this person for **32** years, and that who attended this birth **cannot be located** I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maud Dexter Signature
Route 3, Box 223, Seattle, Wash. P. O. Address

Subscribed and sworn to before me this **9th** day of **May**, 19 **42**
(SEAL) **Maud A. Buhl** Notary Public, residing at **Seattle**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **DEC 21 1942** by **Maud Buhl** Registrar.

DEC 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

334-209-029-866
 United States
 Department of Commerce
 Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **363339**
 Local Reg. No.
 Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
 (a) County Latah (b) City Kendrick
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home: at home on farm
 (e) Mother's stay **BEFORE** delivery: 22 years 0 months 0 days
 IN **THIS** county

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 (a) State Idaho (b) County
 (c) City Kendrick
 (d) Street Address or R.F.D. No.
 (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Bernice Chudray
 5. Date of Birth of Child (Month, day, year) Oct. 9, 1910
 6. Sex Female 7. Twin or Triplet no If so, born 1st, 2nd, 3rd
 8. No. months of Pregnancy
 9. Legitimate? yes

FATHER OF CHILD
 10. **FULL NAME** Charles E. Chudray
 11. Color or Race white 12. Age at time of THIS birth 22 yrs.
 13. Birthplace Plymouth Ill. (City or town) (State or foreign country)
 14. Exact Occupation
 15. Industry or Business farmer

MOTHER OF CHILD
 16. **FULL MAIDEN NAME** Alice Hoffman
 17. Color or Race white 18. Age at time of THIS birth 22 yrs.
 19. Birthplace Keloland Idaho (City or town) (State or foreign country)
 20. Exact Occupation housewife
 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
 23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by, who is
 related to this child as (First name) (Last name)
 (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon }
 County of Malheur } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 32 years, and that Dr. Stouffer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Elsie Smith Signature
Nyssa, Oregon P. O. Address

Subscribed and sworn to before me this 8th day of December, 1942
 (SEAL) Carl H. Cund Notary Public, residing at Nyssa, Oregon
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 9 1942 by Myra Registrar.

DEC 23 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, ~~Idaho Code Annotated~~, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advanced payment of fifty cents, money order or coin.

955-224.001-863

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **363340**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>1212 Fort St.</u> (d) Name of Hospital or Maternity Home: <u>St. Alphonsus Hospital</u> (e) Mother's stay BEFORE delivery: <u>IN THIS</u> county <u>2</u> years <u>10</u> months <u>20</u> days	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>1212 Fort St.</u> (e) How long has MOTHER lived in Idaho? <u>3</u> yrs.
3. RESIDENCE OF FATHER (city, state) <u>Boise, Ida</u>	

4. FULL NAME OF CHILD <u>Pauline Anna Reed</u>	5. Date of Birth of Child (Month, day, year) <u>Nov. 24, 1910</u>
6. Sex <u>Female</u>	8. No. months of Pregnancy <u>9</u>
7. Twin or Triplet <u>Triplet</u>	9. Legitimate? <u>Yes</u>

FATHER OF CHILD

10. FULL NAME <u>William Arthur Reed</u>
11. Color or Race <u>White</u>
12. Age at time of THIS birth <u>36</u> yrs.
13. Birthplace <u>Guthrie Center, Iowa</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Manager</u>
15. Industry or Business <u>Automobile</u>

MOTHER OF CHILD

16. FULL MAIDEN NAME <u>Ida Henrietta Hottes</u>
17. Color or Race <u>White</u>
18. Age at time of THIS birth <u>33</u> yrs.
19. Birthplace <u>Mascoutah, Illinois</u> (City or town) (State or foreign country)
20. Exact Occupation <u>Housewife</u>
21. Industry or Business <u>Housewife</u>

22. Name prophylactic used to prevent Ophthalmia Neonatorum. <u>2% Argylol</u>
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>alive</u> at <u>12:17</u> M. on the date <u>Nov. 24, 1910</u> and at the place stated above, and that personal particulars were furnished by <u>Ida Reed</u> , who is related to this child as <u>Mother</u> (Mother, etc.)
25. Attendant's OWN signature <u>Ida Reed</u> M.D. <u>Midwife</u> Address <u>Boise Id</u> Date <u>12/17/42</u>

State of.....	} ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of.....	

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address
Subscribed and sworn to before me this..... day of....., 19.....
(SEAL) Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....	by <u>Maud Stetson</u> , Registrar.
<u>DEC 21 1942</u>	

DEC 23 1942

NOV 20 1970

AGE 27

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

763-216-008-464
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

363359
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Boise</u> (b) City <u>Ola</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>at Home</u> (e) Mother's stay BEFORE delivery: <u>IN THIS</u> county <u>20</u> years <u>3</u> months <u>10</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Boise</u> (c) City <u>Ola</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>62</u> yrs.	
3. RESIDENCE OF FATHER (city, state)			

4. FULL NAME OF CHILD <u>Lovilla Potter</u>		5. Date of Birth of Child <u>12-16-1910</u> (Month, day, year)	
6. Sex <u>Female</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Joel Potter</u>		16. FULL MAIDEN NAME <u>Mary Belle Douglas</u>	
11. Color or Race <u>White-American</u> 12. Age at time of THIS birth <u>34</u> yrs.		17. Color or Race <u>White-Am.</u> 18. Age at time of THIS birth <u>30</u> yrs.	
13. Birthplace <u>Coffeyville</u> <u>Kansas</u> (City or town) (State or foreign country)		19. Birthplace <u>Smithville</u> <u>Missouri</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Farmer</u>		21. Industry or Business <u>Housewife</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... 4 (b) Born alive and now living..... 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 6 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mary Belle Potter, who is related to this child as Mother
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Myranda Perron **M.D.** Deceased **Address** New Plymouth, Idaho **Date** 12-16-10

State of Idaho } **AFFIDAVIT** to be completed when the attendant does not sign
County of Payette } in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 32 years, and that Myranda Perron, who attended this birth, is now Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Belle Potter
Signature

New Plymouth, Idaho P. O. Address

Subscribed and sworn to before me this 21st day of December, 1942

(SEAL)

A. Green
Notary Public, residing at New Plymouth, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 21 1942 by Mary Belle Potter, Registrar.

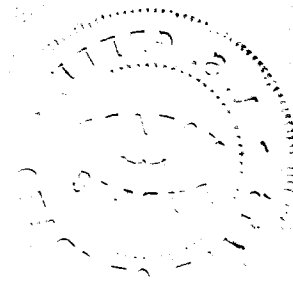
DEC 23 1942

APR 2 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City Teton
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
At Home of Parents Teton City, Idaho
(e) Mother's stay BEFORE delivery:
IN THIS county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont
(c) City Teton
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD

Wendell Cloward Gillette

5. Date of Birth of Child

(Month, day, year) 4/27/1910

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Benjamin Franklin Gillette
11. Color White 12. Age at time
or Race of THIS birth 33 yrs.
13. Birthplace Salt Lake City, Utah
(City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Mercantile

MOTHER OF CHILD

16. FULL MAIDEN NAME Winnie Laura Cloward
17. Color White 18. Age at time
or Race of THIS birth 27 yrs.
19. Birthplace Burrville, Utah
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Wife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Arygrol

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(First name) (Last name)

25. Attendant's Deceased
OWN signature

M.D.

Midwife

Address

Date

State of Idaho
County of Teton } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears
in Item 4, above, that I am now 53 years of age, that I have known this person for 32 years, and that

Dr. J.R. Shupe (First name) (Last name), who attended this birth.....Deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Winnie Laura Gillette

Victor, Idaho.

Signature

P. O. Address

Subscribed and sworn to before me this.....day of.....1910

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....

JAN 8 1943

by.....

Mary E. Eder

Registrar.

JAN 25 1965

JAN 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States (Be sure the information is as of date of birth of THIS child) State File No.
 Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
 Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Twin Falls</u> (b) City <u>Buhl</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>100</u> years <u>10</u> months <u></u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Ida</u> (b) County <u>Twin Falls</u> (c) City <u>Buhl</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>Frank Walter Fredenburgh</u>		3. RESIDENCE OF FATHER (city, state) <u>Buhl Ida</u> 5. Date of Birth of Child (Month, day, year) <u>May 25-1910</u>	
6. Sex <u>boy</u>		7. Twin or Triplet <u></u> 8. No. months of Pregnancy <u></u> 9. Legitimate? <u></u>	
FATHER OF CHILD 10. FULL NAME <u>Adolph Reinhardt Fredenburgh</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>28</u> yrs. 13. Birthplace <u>St. Louis, Mo.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Real Estate Agent</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Anna L. Fredenburgh</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>28</u> yrs. 19. Birthplace <u>St. Louis, Mo.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Wife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1070 arq4rol
23. Number of children of this mother: (a) At time of birth and including this child, (b) Born alive and now living.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive M. on the date 12-19-42 and at the place stated above, and that personal particulars were furnished by Anna Fredenburgh, who is related to this child as Mother.
25. Attendant's OWN signature J. T. Murphy M.D. Address Twin Falls, Ida Date 12-19-42
 State of Ida County of Twin Falls

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 32 years, and that J. T. Murphy, who attended this birth, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Adolph R. Fredenburgh Signature
555 295 ST OPEN NIDH P. O. Address

Subscribed and sworn to before me this 53 day of Dec, 1942
 (SEAL) J. T. Murphy Notary Public, residing at OPEN 21786
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 28 1942 by M. J. E. E. E. Registrar.

DEC 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

439 721033 713

363549

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Madison</u> (b) City <u>Thornton</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Family residence</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>24</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Madison</u> (c) City <u>Thornton</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>24</u> yrs.
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4. FULL NAME OF CHILD <u>ALVY FREEMAN McINTIRE</u>	5. Date of Birth of Child (Month, day, year) <u>Sept. 21, 1910</u>
6. Sex <u>male</u>	8. No. months of Pregnancy <u>9</u>
7. Twin or Triplet <u>Triplet</u>	9. Legitimate? <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Andrew Freeman Mc Intire</u>	14. Exact Occupation <u>Farmer</u>	16. FULL MAIDEN NAME <u>Jane Leona Galbraith</u>	18. Age at time of THIS birth <u>27</u> yrs.
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>30</u> yrs.	17. Color or Race <u>white</u>	19. Birthplace <u>Smithfield, Utah</u>
13. Birthplace <u>Weston, Idaho</u>	15. Industry or Business <u>Farming</u>	20. Exact Occupation <u>Housewife</u>	21. Industry or Business <u>Farming</u>
(City or town)	(State or foreign country)	(City or town)	(State or foreign country)

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature **M.D. Midwife** **Address** **Date**

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 32 years, and that Dr. George E. Hyde who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jane Leona G. McIntire Signature
Davis, witness as to the mark Thornton, Idaho P. O. Address
Subscribed and sworn to before me this 26th day of December, 1942
(SEAL) Davis Notary Public, residing at Rexburg, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 20 1942 by Mabel H. G. Gifford Registrar.

DEC 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

314 130 028 433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **363583**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City St. Maries
(c) Street Address or R.F.D. No. Gen.
(d) Name of Hospital or Maternity Home: At Home

(e) Mother's stay **BEFORE** delivery:
IN THIS county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City St. Maries
(d) Street Address or R.F.D. No. Gen.

(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) St. Maries Id

4. FULL NAME OF CHILD

Thomas Preston Campbell

5. Date of Birth of Child

(Month, day, year) Oct 30, 1910

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Robinson Campbell

11. Color or Race white 12. Age at time of THIS birth 22 yrs.

13. Birthplace Manhattan Kansas
(City or town) (State or foreign country)

14. Exact Occupation Jawaler

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle May McClain

17. Color or Race white 18. Age at time of THIS birth 21 yrs.

19. Birthplace Linden or Southwick Ida
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Agno. 1%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at 2 a M. on the date _____ and at the place stated above, and that personal particulars were furnished by Myrtle Campbell who is related to this child as Who Thaw
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Owen D. Platt

M.D. Midwife

Address St. Maries, Idaho Date 12-9-42

State of _____ }
County of _____ } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth _____ I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19 _____

(SEAL)

Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code annotated.)

Received for filing on JAN 5 1943 by Marj E. Eber, Registrar.

SEP 29 1961

JAN 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355-218022-215

363590

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home Residence

(e) Mother's stay BEFORE delivery:
IN THIS county 5 years 6 months days

4. FULL NAME OF CHILD Cora Matheny Lee

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD
10. FULL NAME Jasper Matheny Lee
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Santa Rosa California
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont
(c) City Ashton Idaho
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 5 1/2 yrs.3. RESIDENCE OF FATHER (city, state) Ashton Idaho5. Date of Birth of Child (Month, day, year) July-18-19108. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD
16. FULL MAIDEN NAME Manday Rose Sanders
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Birds Point Missouri
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Keeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Sulphate
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 11 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Jasper Lee, who is related to this child as Father (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature G. L. Schaefer M.D. Midwife Address Ashton Idaho Date 10-4-44

State of Idaho ss.
County of

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that , who attended this birth . I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1944 by Mary E. Schaefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Each completed certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5 1943

OCT 15 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

264 113 00-299

363612

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Rural, no number
(d) Name of Hospital or Maternity Home:
None - born at home
(e) Mother's stay BEFORE delivery:
IN THIS county 2 years 8 months 19 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Rural, no number
(e) How long has MOTHER lived in Idaho? 2 3/4 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls, Idaho

5. Date of Birth of Child
(Month, day, year) May 13, 1910

4. FULL NAME OF CHILD

William Louis Boule

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frederick Augustus Boule
11. Color White 12. Age at time of THIS birth 52 yrs.
13. Birthplace Chicago Illinois
(City or town) (State or foreign country)
14. Exact Occupation Stonecutter
15. Industry or Business Stonecutter

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Elfrida Birchman
17. Color White 18. Age at time of THIS birth 38 yrs.
19. Birthplace Junction City, Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 32 years, and that Dr. Isaac H. Stacey, who attended this birth Cannot be located I further state that (Is now deceased) or (Cannot be located)
(First name) (Last name)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Edith Boule Signature
1419 Jefferson St Boise Ida P. O. Address

Subscribed and sworn to before me this 20 day of Oct, 1942
(SEAL) James J. Korman Notary Public, residing at Boise Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code annotated.)

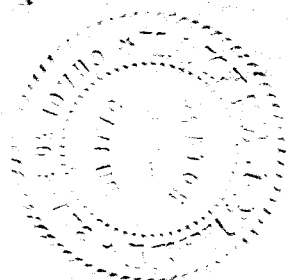
Received for filing on JAN 5 1943 by Mary E. Fisher Registrar.

JAN 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

816-228003 891

362643

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: General Hospital
(e) Mother's stay **BEFORE** delivery: 2 years 2 months 14 days
IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Montana (b) County Rosebud
(c) City Forsyth
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 mo. 14 da.

4. FULL NAME OF CHILD Teru Marjorie Hawk

5. Date of Birth of Child (Month, day, year) June 28-1910

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Homer Jonathan Hawk
11. Color or Race white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Effingham, Kansas
(City or town) (State or foreign country)
14. Exact Occupation Conductor - N. P. Ry.
15. Industry or Business

MOTHER OF CHILD

16. FULL NAME Grace Henrietta Fraser
17. Color or Race white 18. Age at time of THIS birth 22 yrs.
19. Birthplace De Smet, S. Dakota
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Big Horn, Montana
County of Big Horn ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Grace Hawk, Woodward, Cotton Signature

Boyle-Hardin Mont P. O. Address

Subscribed and sworn to before me this 28 day of January, 19 43

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.) Jan. 13, 1943.

Received for filing on JAN 6 1943 by [Signature] Registrar.

JAN 6 1943

OCT 6 1966

AUG 8 1972

NOV 1 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each completed copy requires an advance payment of fifty cents, money order or coin.

619-113 009-255

363656

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bonner</u> (b) City <u>Copeland</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years <u>7</u> months <u></u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bonner</u> (c) City <u>Copeland</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>two</u> yrs.
3. RESIDENCE OF FATHER (city, state) <u>Copeland, Idaho</u>		

4. FULL NAME OF CHILD <u>Alfred Arthur Warner</u>	5. Date of Birth of Child (Month, day, year) <u>July 13, 1910</u>
6. Sex <u>male</u>	7. Twin or Triplet <u></u> If so—born 1st, 2nd, 3rd <u></u>
8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>

FATHER OF CHILD

10. FULL NAME <u>Alfred Charles Warner</u>
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>22</u> yrs.
13. Birthplace <u>Hayes, England</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Ratchet Setter</u>
15. Industry or Business <u>Sawmill employee</u>

MOTHER OF CHILD

16. FULL MAIDEN NAME <u>Louvia Ivy Kendrick</u>
17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>16</u> yrs.
19. Birthplace <u>Bennington, Idaho</u> (City or town) (State or foreign country)
20. Exact Occupation <u>Housewife</u>
21. Industry or Business <u></u>

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>4</u>

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature	M.D. Midwife	Address	Date
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State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for.....years, and that Dr. E. E. Fry, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alfred Charles Warner Signature
Harrison, Idaho P. O. Address

Subscribed and sworn to before me this 2 day of January, 1943

(SEAL) M. A. J. J. J. Notary Public, residing at Harrison
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....by Mabel H. J. J. Registrar.

JAN 4 - 1943

JAN 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **363659**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Lemhi (b) City Gilmore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 year 7 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Lemhi
(c) City Gilmore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho 3 yrs.

3. RESIDENCE OF FATHER (city, state) Gilmore, Idaho

4. FULL NAME OF CHILD Harry Walter Lowman

5. Date of Birth of Child (Month, day, year) 8-28-1910

6. Sex Male **7. Twin or** Single **8. No. months** 9 **9. Legitimate?** Yes
10. FULL NAME Charles Joseph Lowman
11. Color White **12. Age at time** 1 **13. Birthplace** Springfield, Illinois
14. Exact Miner **15. Industry or** One Mining
16. FULL MAIDEN Ada Myrtle Shofield
17. Color White **18. Age at time** 32 **19. Birthplace** Fairbury, Nebraska
20. Exact Housewife **21. Industry or** Business

FATHER OF CHILD

10. FULL NAME Charles Joseph Lowman
11. Color White **12. Age at time** 1 **13. Birthplace** Springfield, Illinois
14. Exact Miner **15. Industry or** One Mining

MOTHER OF CHILD

16. FULL MAIDEN Ada Myrtle Shofield
17. Color White **18. Age at time** 32 **19. Birthplace** Fairbury, Nebraska
20. Exact Housewife **21. Industry or** Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's North Dakota **M.D.** Golden Valley **Address** SS. **Date**

State of North Dakota **AFFIDAVIT** to be completed when the attendant does not sign
County of Golden Valley **in Item 25.**

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears
in Item 4, above, that I am now 68 years of age, that I have known this person for 32 years, and that
Mr. Fisher (First name) (Last name) who attended this birth. Cannot be located I further state that
(now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Charles Lowman Signature
Sentinel Butte, North Dakota O. Address

Subscribed and sworn to before me this 30 day of Dec, 1942

(SEAL) Notary Public Notary Public, residing at Sentinel Butte, ND

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1943 by Mabel E. Ebersole, Registrar.

JAN 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

36-222012-815 363671

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No. 11

<p>1. PLACE OF BIRTH (All items at time of this birth)</p> <p>(a) County <u>Butte</u> (b) City <u>Arco</u> (c) Street Address or R.F.D. No. <u>Coutry</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: IN THIS county <u>24</u> years _____ months _____ days</p>	<p>2. USUAL RESIDENCE OF MOTHER (At time of this birth)</p> <p>(a) State <u>Idaho</u> (b) County <u>B. Laine</u> (c) City <u>Arco</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>24</u> yrs.</p> <p>3. RESIDENCE OF FATHER (city, state) <u>Utah</u></p>
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<p>4. FULL NAME OF CHILD <u>Louise Lois LaFever</u> 7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd _____ 6. Sex <u>Female</u></p> <p style="text-align: center;">FATHER OF CHILD</p> <p>10. FULL NAME <u>Ralph Joseph LaFever</u> 11. Color _____ 12. Age at time of THIS birth <u>35</u> yrs. 13. Birthplace <u>Richmond, Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Stock Man</u> 15. Industry or Business <u>Ranching</u></p>	<p style="text-align: center;">MOTHER OF CHILD</p> <p>16. FULL MAIDEN NAME <u>Joan Hanna</u> 17. Color _____ 18. Age at time of THIS birth <u>25</u> yrs. 19. Birthplace <u>Arco, Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Home making</u></p>
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22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Midwife Address** _____ **Date** _____

State of California } **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Los Angeles } ss.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for _____ years, and that Dr. Stevens (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Joan Hanna LaFever Signature

My Commission Expires March 10, 1943 432 E. Cypress Ave. Burbank, Calif. P. O. Address

Subscribed and sworn to before me this 28th day of December, 1942.
(SEAL) Bealbert G. Jenkins Notary Public, residing at Burbank, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1943 by Marj E. Fisher Registrar.

JAN - 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

743 105 028 433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **363680**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County <u>Kootenai</u>	(b) City <u>Coeur d'Alene</u>	(a) State <u>Idaho</u>	(b) County <u>Kootenai</u>
(c) Street Address or R.F.D. No. <u>B.St.</u>		(c) City <u>Coeur d'Alene</u>	
(d) Name of Hospital or Maternity Home: <u>At Home</u>		(d) Street Address or R.F.D. No. <u>B.St/</u>	
(e) Mother's stay BEFORE delivery: IN THIS county <u>7</u> years months days		(e) How long has MOTHER lived in Idaho? <u>7</u> yrs.	

4. FULL NAME OF CHILD <u>Arthur Gullick Gullickson</u>	5. Date of Birth of Child (Month, day, year) <u>Oct. 5-1910</u>
6. Sex <u>Male</u>	8. No. months of Pregnancy <u>9</u>
7. Twin or Triplet <u>single</u> If so—born 1st, 2nd, 3rd	9. Legitimate? <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Anton Gullickson</u>		16. FULL MAIDEN NAME <u>Laura Ulland</u>	
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>32</u> yrs.	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>27</u> yrs.
13. Birthplace <u>Norway</u> (City or town) (State or foreign country)		19. Birthplace <u>Norway</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Millworker</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

25. Attendant's OWN signature John Ulland (Mother, etc.) M.D. Midwife Address Coeur d'Alene, Ida. Date Jan 3. 43.

State of Idaho County of Kootenai } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that Dr. Wood (First name) (Last name), who attended this birth unable to make (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Laura Gullickson Mals Signature

Route # 1, Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of Dec. 1942

(SEAL)

M. E. Frankson Notary Public, residing at Coeur d'Alene
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1943 by Marj S. Fisher Registrar.

JAN - 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

125-104 044-419

363751

363751

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Washington</u> City <u>Cambridge</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: IN THIS county <u>12</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Cambridge</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>12</u> yrs.	
4. FULL NAME OF CHILD <u>Myron Henry Abernathy</u>		3. RESIDENCE OF FATHER (city, state) <u>Cambridge, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Aug. 4, 1910</u>	
6. Sex <u>male</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>William Henry Harrison Abernathy</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>30</u> yrs. 13. Birthplace <u>Salubria, Idaho</u> (City or town) (State or foreign country) 14. Exact Occupation <u>farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Goldie Martin</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>25</u> yrs. 19. Birthplace <u>California</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Idaho } ss.
County of Washington

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that Dr. C. E. Schmitz, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Wm. Henry Harrison Abernathy
Cambridge, Idaho Signature
P. O. Address

Subscribed and sworn to before me this 2nd day of January, 19 43
(SEAL) Arthur Wilson Notary Public, residing at Cambridge, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 11 1943 by Mamie E. Eder, Registrar.

JAN 11 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

317 215032 312

363753

363753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Rupert
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Rupert
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Rupert, Idaho

4. FULL NAME OF CHILD

Aura Lois Lutton

5. Date of Birth of Child
(Month, day, year) July 15, 1910

6. Sex Female 7. Twin or Triplet Triplet If so, born 1st, (2nd, 3rd) 2nd

8. No. months of Pregnancy 8 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles William Lutton
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Shup. Ranch, California
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Price Castle
17. Color White 18. Age at time of THIS birth 28 yrs.
19. Birthplace San Jose, California
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
[Signature] [Signature] [Address] [Date]

State of Idaho ss.
County of Latah

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 32 years, and that Mary Moody, who attended this birth cannot be located. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 28 day of December, 1942

(SEAL) [Signature] Notary Public, residing at Rupert, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 11 1943 by Mary Elder, Registrar.

JAN 11 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

317 215032-312

363754

363754

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Lincoln (b) City Rupert
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Lincoln
(c) City Rupert
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Dorel Lillian Lupton

5. Date of Birth of Child

(Month, day, year) July 15, 1910

6. Sex Female 7. Twin ☒ If so—born
First (1st, 2nd, 3rd)

8. No. months of Pregnancy 8

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles William Lupton
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace San Ramon, California
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Price Castle
17. Color White 18. Age at time of THIS birth 28 yrs.
19. Birthplace San Jose, California
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife

Address

Date

State of Idaho ss.
County of Lincoln

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 32 years, and that Mary Mandy, who attended this birth cannot be located. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 28 day of December, 19 42

(SEAL)

Notary Public, residing at Rupert, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 11 1943 by Mary Fielder, Registrar.

JUN 19 1967

JAN 11 1943

AUG 1 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

493 211001453

363785

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **363785**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 210 - Fourth
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 210 - Fourth
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD

Daisy Lydia Mitchell

5. Date of Birth of Child
(Month, day, year) April 11 - 1910

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William White Mitchell
11. Color or Race White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Atlanta Georgia
(City or town) (State or foreign country)
14. Exact Occupation Sawyer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Venia Oelp
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Wynzhille Va.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ✓ at 7:30 M. on the date (Born alive, ~~stillborn~~)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as Mother (Mother, etc.)
(First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington }
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for 32 years, and that Daisy Davis, who attended this birth. Dr. Bowers I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Venia Graham Signature

W. 502 Main Ave., Spokane, Washington P. O. Address

Subscribed and sworn to before me this 15th day of January, 1943

(SEAL)

Inda Estep Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, ~~Idaho Code Annotated~~ state of Washington)

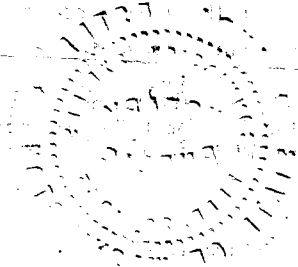
Received for filing on JAN 18 1943 by Mary Elder, Registrar.

JAN 18 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

719 215042-963

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **363790**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County TWIN FALLS (b) City TWIN FALLS
(c) Street Address or R.F.D. No. 643 W. MAIN AVE.
(d) Name of Hospital or Maternity Home:
BORN AT HOME
(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years 2 months 2 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 643 W. Main Ave.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.
3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Dorothy Agnes Parks
5. Date of Birth of Child
(Month, day, year) Aug. 15, 1910
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** C. Vere Parks
11. Color or Race white 12. Age at time of THIS birth. 21 yrs.
13. Birthplace Mecosta, Michigan
(City or town) (State or foreign country)
14. Exact Occupation Dealer in real estate
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Edith Bertha Roth
17. Color or Race white 18. Age at time of THIS birth. 22 yrs.
19. Birthplace Howell, Michigan
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. boric acid
23. Number of children of this mother: (a) At time of birth and including this child. 1 (b) Born alive and now living. 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Ada

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 33 years, and that Dr. John Coburn, who attended this birth. deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith B. Parks Edith B. Parks Signature

1120 Warm Springs Ave. Boise, Idaho P. O. Address

Subscribed and sworn to before me this 18 day of Jan. 1943
(SEAL) Pauline Ambrose Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

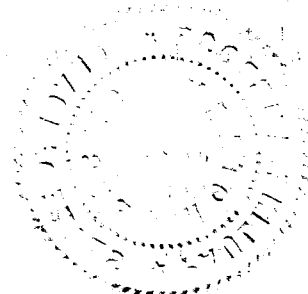
Received for filing on JAN 18 1943 by Margaret E. Eder, Registrar.

JAN 18 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



419-207014 955

363825

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital of Maternity Home: _____
(e) Mother's stay BEFORE delivery:

In Hospital or Maternity Home _____ Days
In THIS county _____ years _____ months _____ days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? one yrs.
(f) Mother's mailing address (For registration notice):

2038 Bentley Ave., Los Angeles, Calif.
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Jean Frances Martin

5. DATE OF BIRTH

(Month, day, year)

2-7-1940

6. Sex

female

7. Twin or Triplet

—If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

yes

FATHER OF CHILD

10. FULL NAME

Clinton H. Martin

11. Color or Race

white

12. Age at time of THIS birth

32 yrs.

13. Birthplace

Lettsville, Iowa
(City or Town) (State or foreign country)

14. Exact Occupation

Editor

15. Industry Business

Printing

MOTHER OF CHILD

16. FULL MAIDEN NAME

Josephine Reed

17. Color or Race

white

18. Age at time of THIS birth

32 yrs.

19. Birthplace

Garthrie Center, Iowa
(City or Town) (State or foreign country)

20. Exact Occupation

housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

ag no' col

23. Number of children of this mother: (a) At time of birth and including this child

six

(b) Born alive and now living

yes

(c) Born alive and now dead

(d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was

alive

at

10:00 P.

M. on the date

and at the place stated above, and that personal particulars were furnished by

Clinton H. Martin

(First name)

(Last name)

related to this child as

Father
(Mother, etc.)

26. (a)

(Date received)

JAN 10 1943

(b)

(Registrar's signature)

Marjorie H. Hefner

25. Attendant's

OWN signature

Benton O. Clark M.D.
(D.O., Midwife, etc.)

and address

Veteranas Admin. Bldg. Ida

Date

8-3-42

27. Given name added on

by

(Registrar's signature)

OCT 19 1971

JAN 13 1943

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of

.....
.....

(b) Labor: Complications:

.....
..... Induced?

(c) State all operations for delivery

.....
.....

(d) Did baby have any:

(1) Congenital Malformation?

Describe:

(2) Birth Injury?

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....
.....

DELETED

386 205 005 796

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

363830
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bonewah (b) City St. Maries
(c) Street Address or R.F.D. No. 235
(d) Name of Hospital or Maternity Home: Log Cabin
(e) Mother's day BEFORE delivery:
IN THIS county years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bonewah
(c) City St. Maries
(d) Street Address or R.F.D. No. R. F. D.
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) St. Maries, Idaho

4. FULL NAME OF CHILD

Mary Reba Thomas

6. Sex

Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

5. Date of Birth of Child.
(Month, day, year) Oct. 5, 1910

FATHER OF CHILD

10. FULL NAME

William Thomas

11. Color White 12. Age at time of THIS birth 21 yrs.

13. Birthplace London, Kan.
(City or town) (State or foreign country)

14. Exact Occupation Homesteading

15. Industry or Business Homesteading

MOTHER OF CHILD

16. FULL MAIDEN NAME

Anna Thagert

17. Color White 18. Age at time of THIS birth 19 yrs.

19. Birthplace Idaho, Ill.
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Homesteading

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

25. Attendant's OWN signature

M.D. Midwife Address Date

State of Kansas
County of Wilson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Grand Father of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 32 years, and that

Mr. B. Bowman (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

O. J. Bowman Signature
Fredonia, Kan. P. O. Address

Subscribed and sworn to before me this 22 day of October, 19 42
(SEAL) Thomas Seale Notary Public, residing at Fredonia, Kan.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1943 by Mary Reba Thomas Registrar.

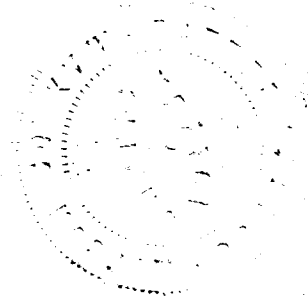
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JAN 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

363836

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Springston
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay **BEFORE** delivery:
IN THIS county _____ years 3 months _____ days

4. FULL NAME OF CHILD

James Gibson Trethewey

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

FATHER OF CHILD

10. FULL NAME Horace George Trethewey
11. Color or Race white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Linden Michigan
(City or town) (State or foreign country)
14. Exact Occupation Book-keeper
15. Industry or Business Springston Lumber Co.

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Springston
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Springston, Id.

5. Date of Birth of Child
(Month, day, year) May 12-1910

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret May Gibson
17. Color or Race white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Republic Michigan
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
Midwife

State of California } ss.
County of Madera

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that Dr. Riger, who attended this birth, cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Horace George Trethewey Signature
Madera, California P. O. Address
Idaho County

Subscribed and sworn to before me this 20th day of Nov 1942

(SEAL)

E. Ham

Notary Public, residing at Madera Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 11 1943 by Mrs. H. E. Finner, Registrar.

JAN 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



343 225 028 - 396

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **363882**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Hootenai</u> (b) City <u>Coeur d'Alene</u> (c) Street Address or R.F.D. No. <u>"Culp's Hill"</u> (d) Name of Hospital or Maternity Home: <u>Family residence</u> (e) Mother's stay BEFORE delivery: <u>8</u> months <u>20</u> days IN THIS county — years		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Hootenai</u> (c) City <u>Coeur d'Alene</u> (d) Street Address or R.F.D. No. <u>"Culp's Hill"</u> (e) How long has MOTHER lived in Idaho? <u>8 mos.</u> yrs.	
4. FULL NAME OF CHILD <u>Marian Alameda Culp</u>		5. Date of Birth of Child (Month, day, year) <u>May 25/910</u>	
6. Sex <u>female</u> 7. Twin or Triplet <u>Triplet</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>		3. RESIDENCE OF FATHER (city, state) <u>Coeur d'Alene, Idaho</u>	
FATHER OF CHILD 10. FULL NAME <u>Lynn Wurt Culp</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>40</u> yrs. 13. Birthplace <u>New Salem, Ohio</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Lawyer</u> 15. Industry or Business <u>Practice of Law</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Ella Crozier</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>35</u> yrs. 19. Birthplace <u>Centerville, Kansas</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Housekeeping</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. <u>Unknown</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>6</u> (b) Born alive and now living <u>6</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 9 P.M. on the date May 25, 1910 (Born alive, ~~stillborn~~) and at the place stated above, and that personal particulars were furnished by Ella Culp, who is related to this child as mother (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____

State of Idaho California
County of Hootenai Alameda ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 32 years, and that Jennie Barton, who attended this birth, is now deceased (First name) (Last name) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Ella Crozier Culp Signature
2532 Alameda St. Vallejo, Calif. P. O. Address

Subscribed and sworn to before me this 17 day of January, 1913
(SEAL) Mavin Sherwin Notary Public, residing at Alameda County California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1913 by Mabel Stedman Registrar.

JAN 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

133 203 003-338

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 13 1943

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 363930
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County BANNOCK (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Owned Home on Harrison St.
(e) Mother's stay BEFORE delivery:
IN THIS county years 4 months 9 days?

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County
(c) City Pocatello
(d) Street Address or R.F.D. No. Harrison St
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD

Mary Elizabeth Allison

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME William Hayes Allison
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Bourbon Co., Kansas (City or town) (State or foreign country)
14. Exact Occupation R.R. Brakeman
15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none to knowledge

23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 10 A. M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Mary Allison, who is related to this child as mother (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of California County of Los Angeles } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 32 years of age, that I have known this person for 32 years, and that Mary Allison who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary M. Allison Signature
931 S. Beverly Dr R. O. Address
San Gabriel
A. D. Smith Notary Public, residing at San Gabriel
My Commission Expires April 15, 1944
Subscribed and sworn to before me this 9 day of January
(SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

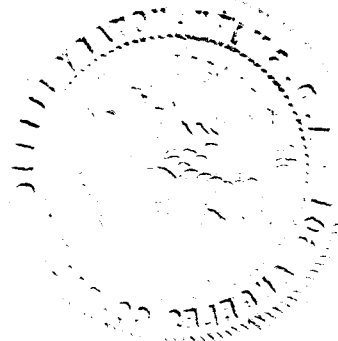
Received for filing on JAN 13 1943 by Mary M. Allison, Registrar.

JAN 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the ~~Bureau of Vital Statistics for the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

695-205025-793

363963

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville Idaho

4. FULL NAME OF CHILD

EVELYN IRENE WINES

5. Date of Birth of Child
(Month, day, year) May 5th 1910

6. Sex Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Forest Wines
11. Color or Race White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Fall Bridge, Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Logger.
15. Industry or Business Lumbering

MOTHER OF CHILD

16. FULL MAIDEN NAME Evelyn Rosetta Pitt
17. Color or Race White 18. Age at time of THIS birth 36 yrs.
19. Birthplace Fremont, Wisconsin
(City or town) (State or foreign country)
20. Exact Occupation Housewife in Home.
21. Industry or Business Home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of Washington }
County of Cowlitz } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 32½ years, and that Dr. Stockton (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Evelyn R. Wines

Signature

RFD #5 Box #828, Kelso, Washington. P. O. Address

Subscribed and sworn to before me this 12th day of January, 1943.

(SEAL)

Notary Public, residing at Kelso, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 7-914, Idaho Code Annotated.)

Received for filing on

JAN 14 1943

by

Marcel K. Miller Registrar.

JAN 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

254-26008-255

1. PLACE OF BIRTH

County of Bear
 City of Forest
 No. _____ St. _____

(If born in hospital or institution give name)

2. FULL NAME OF CHILD

Ida Carmen Bernis

3. Sex Female
 4. Plural births _____

4. Twin, triplet, or other _____
 5. Number, in order of birth _____

6. Premature _____
 Full term ✓

7. Legitimate? ✓

8. Date of birth July 16, 1910
 (Month, Day, Year)

9. Full name

FATHER

William Edward Bernis

10. Residence (usual place of abode)
 (If non-resident, give place and State) Sweet, Idaho

11. Color or race Wt

12. Age at last birthday 46 (years)

13. Birthplace (city or place) Mona, Utah
 (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work July, 1910

17. Total time (years) spent in this work five

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child) seven
 (a) Born alive and now living 5 (b) Born alive but now dead 2 (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks
 30. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
 (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

(Signed) _____ M. D.

or Mary B. Rainey Midwife

Address Sweet, Idaho

Filed JAN 14 1915

Registered _____

Registered _____

WRITE IN THESE SPACES WITH UNFADING INK. USE A PERMANENT RECORD, N. B.—In case of more than one child, give the number of each, in order of birth stated.

OCCUPATION

OCCUPATION

DEC 2 1969

JAN 15 1948

DELAYED

165 121036 249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **363982**
Local Reg. No. _____
Reg. Dist. No. _____

JAN 18 1943

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Oneida** (b) City **American Falls**
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: **Private Residence**
(e) Mother's stay **BEFORE** delivery: _____
IN THIS county _____ years _____ months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Oneida**
(c) City **American Falls**
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? **147** yrs.

3. RESIDENCE OF FATHER (city, state) **Rackland, Idaho**

4. FULL NAME OF CHILD **Rolland Warren Jones**

5. Date of Birth of Child **Oct-21-1910**
(Month, day, year)

6. Sex **Male** 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD

10. FULL NAME **Allen Albert Jones**
11. Color or Race **White** 12. Age at time of THIS birth **24** yrs.
13. Birthplace **Coopersville, Mich.**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME **Charlotte Florence Smith**
17. Color or Race **White** 18. Age at time of THIS birth **23** yrs.
19. Birthplace **Muskegon, Mich.**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **Yes**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____

State of **Mich.** County of **Michigan** } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4, above, that I am now **55** years of age, that I have known this person for **32** years, and that **Mrs. Edith Jones** who attended this birth **deceased** (First name) (Last name) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

WILES E. KINNEY

Mrs. Charlotte Florence Jones Signature

Port Mich. Box 25 P. O. Address

Subscribed and sworn to before me this **June 25** 1943 day of **January** 19**43**

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

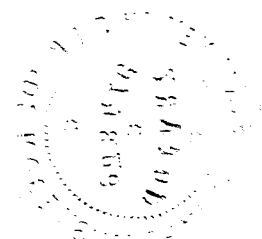
Received for filing on **JAN 18 1943** by **Mary E. Elder** Registrar.

JAN 18 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **363999**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Oneida (b) City Samarina
(c) Street address or R. F. D. No. _____
(d) Name of Hospital or Maternity Home:
Own Home
(e) Mother's stay BEFORE delivery:

In Hospital or Maternity Home _____ Days
In THIS county _____ years _____ months _____ days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Oneida
(c) City Blackfoot
(d) Street address or R. F. D. No. _____
(e) How long has MOTHER lived in Idaho? all yrs.
(f) Mother's mailing address (For registration notice):
Pocahontas Idaho - 760 S 10th
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD

Richard Carl Williams

5. DATE OF BIRTH

(Month, day, year) January 16, 1940

6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Richard Marsc Williams

16. FULL MAIDEN NAME Rachel Powell

11. Color or Race White 12. Age at time of THIS birth 27 yrs.

17. Color or Race White 18. Age at time of THIS birth 25 yrs.

13. Birthplace Samarina, Idaho
(City or Town) (State or foreign country)

19. Birthplace Samarina, Idaho
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

20. Exact Occupation House Wife

15. Industry or Business Farming

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living YES

(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ M. on the date _____

and at the place stated above, and that personal particulars were furnished by _____, who is _____

related to this child as _____
(Mother, etc.)

26. (a) _____ (b) _____
(Date received) (Registrar's signature)

25. Attendant's OWN signature J C Ray M. D. _____
(D. O., Midwife, etc.)

27. Given name added on _____ by _____
(Registrar's signature)

and address Pocahontas Idaho Date 1-18-1943

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to ~~make proper certificate of birth~~: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

(b) Labor: Complications: _____

_____ Induced? _____

(c) State all operations for delivery _____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivered? _____

Yes _____ No _____ Pos. _____ Neg. _____

(e) Signature of Physician: _____

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

962-203004 712

United States (Be sure the information is as of date of birth of THIS child) State File No. **364037**
Department of Commerce
Bureau of the Census
CERTIFICATE OF BIRTH
STATE OF IDAHO
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
IN THIS county 42 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier, Idaho

4. FULL NAME OF CHILD Rosetta Lenore Robison 5. Date of Birth of Child (Month, day, year) June 3, 1910
6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Charles Albert Robison 16. FULL MAIDEN NAME Cora Frances Pacey
11. Color white 12. Age at time of THIS birth 42 yrs. 17. Color white 18. Age at time of THIS birth 42 yrs.
13. Birthplace Clement, Gonzales (City or town) (State or foreign country) 19. Birthplace Paris, Idaho (City or town) (State or foreign country)
14. Exact Occupation Construction 20. Exact Occupation housewife
15. Industry or Business Industry 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Idaho } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of Germ }

I, the undersigned, being first duly sworn, say that I am the Step Mother of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 31 years, and that D. Ashley who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lessie Robison Signature
Emmett Idaho R#1 P. O. Address
Subscribed and sworn to before me this 9th day of January, 1943
(SEAL) Karl R. Mann Notary Public, residing at Emmett, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

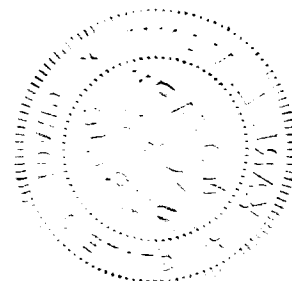
Received for filing on JAN 10 1943 by Mabel Zeller Registrar.

JAN 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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239 221042 494
United States (Be sure the information is as of date of birth of THIS child)
Department of Commerce
Bureau of the Census
CERTIFICATE OF BIRTH
STATE OF IDAHO
State File No. **364044**
Local Reg. No.
Reg. Dist. No.

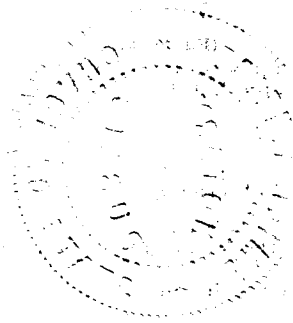
1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Twin Falls</u> . (b) City <u>Twin Falls</u> . (c) Street Address or R.F.D. No. <u># 2</u> . (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>3</u> years <u>6</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> . (b) County <u>Twin Falls</u> . (c) City <u>Twin Falls</u> . (d) Street Address or R.F.D. No. <u># 2</u> . (e) How long has MOTHER lived in Idaho? <u>3 1/2</u> yrs.	
4. FULL NAME OF CHILD <u>Clara Belle Kline</u> 7. Twin or Triplet 6. Sex <u>Female</u>		5. Date of Birth of Child (Month, day, year) <u>June 21, 1910</u> 8. No. months of Pregnancy <u>9</u> . 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Samuel Christian Kline</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>37</u> yrs. 13. Birthplace <u>Broadway Virginia</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Sabah Jane Middleton</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>27</u> yrs. 19. Birthplace <u>Cerro Gordo Illinois</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. <u>Silver nitrate</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			
ATTENDANT'S CERTIFICATE			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born alive</u> at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by <u>Clara Kline</u> who is related to this child as <u>self</u> (Mother, etc.) (First name) (Last name)			
25. Attendant's OWN signature <u>H. G. Pike</u> M.D. <u>Midwife</u> Address <u>Oakland Calif</u> Date <u>1/13/43</u>			
State of <u>Idaho</u> County of <u>Twin Falls</u> } ss.		AFFIDAVIT to be completed when the attendant does not sign in Item 25.	
I, the undersigned, being first duly sworn, say that I am the <u>Father</u> of the person whose name appears in Item 4 above, that I am now <u>69</u> years of age, that I have known this person for <u>32</u> years, and that <u>Dr Pike</u> who attended this birth. <u>Cannot be located</u> (First name) (Last name) (Is now deceased) or (Cannot be located)			
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.			
Signature <u>Samuel C Kline</u> <u>Twin Falls Idaho</u> P. O. Address			
Subscribed and sworn to before me this <u>5th</u> day of <u>January</u> , 19 <u>43</u>			
(SEAL) <u>Emily A. Hake</u> Notary Public, residing at <u>Twin Falls</u>			
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)			
Received for filing on <u>JAN 19 1943</u> by <u>Marj E. Beeler</u> Registrar.			

JAN 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **364057**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: _____
IN THIS county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rathdrum Idaho

4. **FULL NAME OF CHILD** John Charles Gill
5. Date of Birth of Child Idaho
(Month, day, year) June 19 1910
6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** William Samuel Gill
11. Color or Race white 12. Age at time of THIS birth 40 yrs.
13. Birthplace Decaturville Tenn.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Hetty A. Timbrook
17. Color or Race white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Harrison Arkansas
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____
Midwife Address _____ Date _____

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that Dr. Frank Wenz is now deceased I further state that _____
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
Box 13, Priest River, Ida. P. O. Address

15th day of January, 19 43
Subscribed and sworn to before me this _____ day of _____, 19 _____
(SEAL) Georgia Hagman Notary Public, residing at Priest River Idaho
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

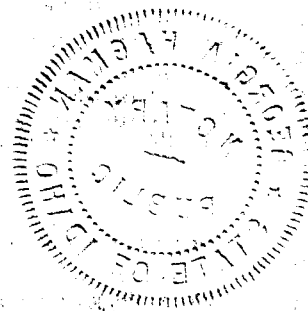
Received for filing on JAN 19 1943 by Myrtle E. Bluford, Registrar.

JAN 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



295-231042964

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **364061**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Twin Falls</u> (b) City <u>Buhl</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Twin Falls</u> (c) City <u>Buhl</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>Margaret Louise King</u>		5. Date of Birth of Child <u>Dec 31, 1910</u> (Month, day, year)	
6. Sex <u>female</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet <u>single</u>		9. Legitimate?	
3. RESIDENCE OF FATHER (city, state) <u>Same as mother</u>			

FATHER OF CHILD 10. FULL NAME <u>William Alonzo King</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>43</u> yrs. 13. Birthplace <u>Mt. Liberty Indiana</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>May Rodgers</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>28</u> yrs. 19. Birthplace <u>Columbus Indiana</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is
 related to this child as (First name) (Last name)
 (Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Washington } **AFFIDAVIT** to be completed when the attendant does not sign
 County of Grays Harbor } in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 60 years, and that Dr. McGluskey who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

May Rodgers King Signature
Route 1 Box 595D Montesano Wash. P. O. Address

Subscribed and sworn to before me this 12 day of January, 19 43
 (SEAL) Deborah C. Price Notary Public, residing at Montesano
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 1-104, Idaho Code Annotated.)

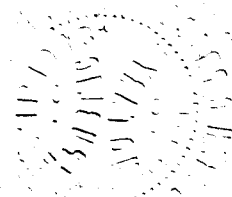
Received for filing on JAN 19 1943 by Marj E. Kiefer Registrar.

JAN 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

314-109 026-331

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **364084**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. RESIDENCE OF FATHER (city, state) 58

4. FULL NAME OF CHILD

William Nyatt Campbell

5. Date of Birth of Child May 9, 1910
(Month, day, year)

6. Sex boy 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William C Campbell

11. Color white 12. Age at time of THIS birth 22 yrs.

13. Birthplace Rigby, Idaho
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Stock Buyer

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Clark

17. Color white 18. Age at time of THIS birth 18 yrs.

19. Birthplace Rigby, Idaho
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum:

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at a M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by William Campbell who is related to this child as Father (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Jefferson

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 32 years of age, that I have known this person for 32 years, and that William Campbell who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William C Campbell Signature

Rigby Idaho P. O. Address

Subscribed and sworn to before me this 12th day of January, 1913

(SEAL) W. H. Bennett Notary Public, residing at Rigby Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1913 by Harry E. Baker, Registrar.

JAN 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **364086**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City _____ (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: IN THIS county <u>1</u> years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City _____ (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>1</u> yrs.	
4. FULL NAME OF CHILD <u>William Follett Watson</u>		5. Date of Birth of Child (Month, day, year) <u>Aug. 20, 1910</u>	
6. Sex <u>male</u> 7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd _____		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Israel Ezra Watson</u>		16. FULL MAIDEN NAME <u>Fronia Rozeltha Follett</u>	
11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>30</u> yrs.		17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>30</u> yrs.	
13. Birthplace <u>Smithfield, Utah</u> (City or town) (State or foreign country)		19. Birthplace <u>Hyde Park, Utah</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>farmer</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business <u>Farming</u>		21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum: _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 8:00 A M. on the date _____ (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of Idaho }
County of Jerome } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that Dr. Arnought (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Fronia R. Watson Signature

Hazelton, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of January, 1943

(SEAL) Samuel E. Vance, Jr. Notary Public, residing at Hazelton

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1943 by Mary E. Keefe Registrar.

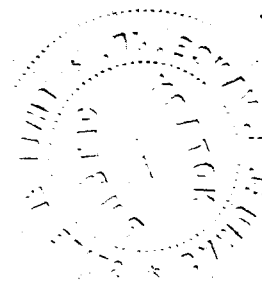
JAN 20 1943

AUG 15 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

415-205-022-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **364099**
Local Reg. No.
Reg. Dist. No.

JAN 18 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Independence
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 25 years 10 months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Reynolds
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

4. **FULL NAME OF CHILD** Beth Daniels
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Reynolds Idaho
5. Date of Birth of Child (Month, day, year) Oct. 5-1910
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Frank Daniels
11. Color White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Utah Utah U.S.A.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Annie Jane Thornton
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Burton, Idaho U.S.A.
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 3, (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____

State of Idaho } ss.
County of Madison

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that Dr. George E. Hyde who attended this birth. Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie J. Daniels Signature
Reynolds Idaho Route 1 P. O. Address

Subscribed and sworn to before me this 15 day of January, 1943

(SEAL) B. Steward Notary Public, residing at Reynolds Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

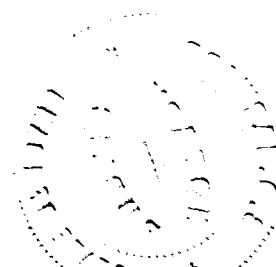
Received for filing on JAN 19 1943 by Mary E. Keefe, Registrar.

JAN 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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364117

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Malad</u> (c) Street Address or R.F.D. No. <u>1st West</u> (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mother's stay BEFORE delivery: <u>32</u> years <u>6</u> months <u> </u> days IN THIS county		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Malad</u> (d) Street Address or R.F.D. No. <u>1st West</u> (e) How long has MOTHER lived in Idaho? <u>64</u> yrs.	
4. FULL NAME OF CHILD <u>Orlene Margaret Jones</u>		5. Date of Birth of Child (Month, day, year) <u>8/7/1910</u>	
6. Sex <u>Female</u>		7. Twin or Triplet <u>No</u> If so—born <u>1st, 2nd, 3rd</u>	
8. No. months of Pregnancy <u>9</u>		9. Legitimate? <u>Yes</u>	

FATHER OF CHILD 10. FULL NAME <u>Edwin Richards Jones</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>33</u> yrs. 13. Birthplace <u>Malad, Idaho</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Barber</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Margaret Jones</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>32</u> yrs. 19. Birthplace <u>Malad, Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at M. on the date and at the place stated above, and that personal particulars were furnished by Margaret Jones, who is related to this child as mother (Mother, etc.)

(Born alive, stillborn) (First name) (Last name)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Idaho }
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 32 years, and that Dr. J. M. Kerns, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

Margaret Jones Signature

Malad, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of January, 19 43

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Notary Public, residing at Malad, Ida

Received for filing on JAN 20 1943 by Registrar

JAN 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

266 218007 419

364157

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. 1
Reg. Dist. No. 410

- | | |
|--|--|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>Blaine</u> (b) City <u>Gannett</u>
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
<u>IN THIS</u> county <u>19</u> years <u>4</u> months <u>18</u> days | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Blaine</u>
(c) City <u>Gannett</u>
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? <u>19</u> yrs. |
|--|--|

- | | |
|---|---|
| 4. FULL NAME OF CHILD <u>Estella Dora Sowers</u> | 5. Date of Birth of Child
(Month, day, year) <u>December 18, 1910</u> |
|---|---|

- | | |
|--|---|
| 6. Sex <u>female</u>
7. Twin or Triplet <u>Triplet</u>
8. No. months of Pregnancy <u>nine</u>
9. Legitimate? <u>yes</u> | 3. RESIDENCE OF FATHER (city, state) <u>Gannett, Idaho</u> |
|--|---|

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|---|---|---|
| 10. FULL NAME <u>Emphield Hiram Sowers</u> | 16. FULL MAIDEN NAME <u>Christina Mae Martin</u> | 17. Color or Race <u>White</u> | 18. Age at time of THIS birth <u>20</u> yrs. |
| 11. Birthplace <u>Frankford, Ohio</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Picabo, Idaho</u>
(City or town) (State or foreign country) | 20. Exact Occupation <u>Farmer</u> | 21. Exact Occupation <u>Housewife</u> |
| 12. Industry or Business | | | |

- 22. Name prophylactic used to prevent Ophthalmia Neonatorum.** _____
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

- 24. I HEREBY CERTIFY** That I attended the birth of this child, who was _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by Christina Sowers, who is related to this child as Mother (First name) (Last name) (Mother, etc.)

- | | | | |
|--------------------------------------|-------------|----------------|-------------|
| 25. Attendant's OWN signature | M.D. | Address | Date |
|--------------------------------------|-------------|----------------|-------------|

State of Idaho } ss.
County of Blaine

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 32 years, and that Mrs. Roda Freeman is now deceased who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Christina M. Sowers Signature
Hailey, Idaho. P. O. Address _____

Subscribed and sworn to before me this 14 day of January, 1943

(SEAL) R. H. McElroy Notary Public, residing at Hailey, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 1-14-1943 by Robert H. Wright Registrar.

JAN 19 1943

JAN 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. **MAILED** COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

653-208007-799

364191

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Blaine (b) City Bill City
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 1 years _____ month _____ days

4. FULL NAME OF CHILD

Rosalee Lisa Nell

5. Date of Birth

(Month, day, year) May 8, 1941

6. Sex

female

7. Twin or

If so—born _____
1st, 2nd, 3rd _____

8. No. months of Pregnancy

9

9. Legitimate?

Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME

Henry Norval Biswell

16. FULL MAIDEN NAME

Lessie Grindstaff

11. Color or Race

White

12. Age at time of THIS birth 36 yrs.

17. Color or Race

White

18. Age at time of THIS birth 34 yrs.

13. Birthplace

Cheyenne, Wyo.

(City or town) (State or foreign country)

19. Birthplace

Barre, Missouri

(City or town) (State or foreign country)

14. Exact Occupation

Farmer

20. Exact Occupation

House Wife

15. Industry or Business

Industry

21. Industry or Business

Industry

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7
(c) Born alive and now dead 2 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)
(Mother, etc.)

26. (a) JAN 20 1943 (Date received) _____ (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho } ss.
County of Canyon

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lessie Grindstaff Biswell, being first duly sworn, say that I am Related (Related to (or) acquainted with)
Rosalee Lisa Nell as mother whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary H. McLean, who attended (Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

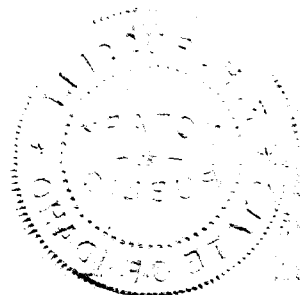
Lessie Grindstaff Biswell Signature
504 - 8th St. Nampa, Idaho P. O. Address
Subscribed and sworn to before me on this 5th day of August 1941
M. Russell Notary Public, residing at Nampa, Idaho
(SEAL) My commission expires Feb. 28, 1942

JAN 21 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

365259
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Cornwall</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>At home</u> (e) Mother's stay BEFORE delivery: <u>6</u> years <u>6</u> months <u>6</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Cornwall</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>6</u> yrs.	
4. FULL NAME OF CHILD <u>Dorothy Ruth Baker</u> 7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd		3. RESIDENCE OF FATHER (city, state) <u>Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Sept 13, 1910</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Ernest James Baker</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>38</u> yrs. 13. Birthplace <u>England</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farming</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Kate L. Parker</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>35</u> yrs. 19. Birthplace <u>Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business <u>Farming</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>not known</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by....., who is related to this child as..... (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature..... M.D. Midwife Address..... Date.....

State of Oregon } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Josephine }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 32 years, and that Gladys Day Long who attended this birth cannot be located I further state that (first name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Kate L. Baker Signature
Rt-9 Box 127 Grants Pass Oregon P. O. Address
Subscribed and sworn to before me this 18th day of January 1943.
(SEAL) Orval Johnson Notary Public, residing at Grants Pass, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

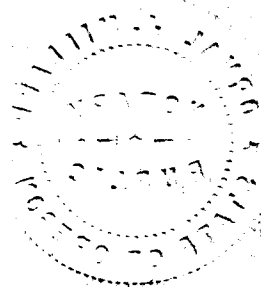
Received for filing on JAN 20 1943 by Mabel E. Perkins Registrar.

JAN 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



799 217024-295

365274

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Gooding</u> (b) City <u>Wendell</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county - years <u>1</u> months <u>24</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Gooding</u> (c) City <u>Wendell</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>4</u> yrs.	
4. FULL NAME OF CHILD <u>Marjorie Griffith</u>		5. Date of Birth of Child (Month, day, year) <u>June 17, 1910</u>	
6. Sex <u>Female</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet		9. Legitimate? <u>Yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Clarence James Griffith</u>		16. FULL MAIDEN NAME <u>Pearl Kinne</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>33</u> yrs.		18. Age at time of THIS birth <u>32</u> yrs.	
13. Birthplace <u>Storm Lake, Iowa</u> (City or town) (State or foreign country)		19. Birthplace <u>Storm Lake, Iowa</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Watermaster</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Silver Nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 34 M. on the date and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____.

(First name) (Last name)

25. Attendant's OWN signature H. E. Lamb (Mother, etc.)

M.D. Midwife Address Engine **Date** Jan 18/1938

State of California } ss.
County of Los Angeles

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 32 years, and that Dr. Lamb, who attended this birth, was at Gooding, Idaho the last I knew (First name) (Last name) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Charles Griffith
Address 622 622 S. Grand Ave., Los Angeles, California

Subscribed and sworn to before me this 18th day of December 1937

(SEAL) Francis V. Meale Notary Public, residing at 511 So. Grand Ave.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 22 1943 by W. H. H. H. H. Registrar.

JAN 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **865275**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lincoln (b) City Jerome
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years 6 months 22 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Jerome
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 1/2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Jerome, Idaho

4. **FULL NAME OF CHILD** Monida Clark Gransbery 5. Date of Birth of Child
(Month, day, year) 12-26-1910
7. Twin or Triplet If so—born 8. No. months of Pregnancy 9 9. Legitimate? Yes
Female 1st, 2nd, 3rd

FATHER OF CHILD
10. **FULL NAME** Francis Gransbery
11. Color or Race White 12. Age at time of THIS birth 43 yrs.
13. Birthplace Guthrie County Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Frances Tucker
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace At Sea
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Montana
County of Silver Bow } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the Undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item-4, above, that I am now 52 years of age, that I have known this person for 32 years, and that Dr E. D. Piper who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frances Gransbery Signature
14 Coa Terrace, Belleville, Mont. P. O. Address

Subscribed and sworn to before me this 19 day of January, 1943
(SEAL) J. H. Helburn Clerk of the District Court of the Second
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Notary Public, residing at

Received for filing on JAN 22 1943 by Mary J. Helburn, Registrar.

JAN 25 1943

JUL 20 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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689-220006-551

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **365276**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Bingham** (b) City **Groverland**
(c) Street Address or R.F.D. No. **1**
(d) Name of Hospital or Maternity Home:
none
(e) Mother's stay **BEFORE** delivery:
IN THIS county years **11** months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Bingham**
(c) City **Groverland**
(d) Street Address or R.F.D. No. **1**
(e) How long has MOTHER lived in Idaho? **11** Mos. yrs.

3. RESIDENCE OF FATHER (city, state) **Groverland, Idaho**

4. FULL NAME OF CHILD

Loeta Whiting

6. Sex Female

7. Twin or Triplet No

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

5. Date of Birth of Child
(Month, day, year) **9/20/10**

FATHER OF CHILD

10. FULL NAME George Clinton Whiting

11. Color or Race White **12. Age at time of THIS birth 26 yrs.**

13. Birthplace Mapleton, Utah
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Hazel Evans

17. Color or Race White **18. Age at time of THIS birth 21 yrs.**

19. Birthplace Spanish Fork, Utah
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 2, (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
(First name) (Last name)
related to this child as
(Mother, etc.)

25. Attendant's OWN signature

M.D.
Midwife Address

Date

State of **Utah**
County of **Utah** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4, above, that I am now **53** years of age, that I have known this person for **32** years, and that **Mrs. Whitney**, who attended this birth, **cannot be located**. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hazel Whiting Bailey
370 South 4 West, Provo, Utah

Signature

P. O. Address

Subscribed and sworn to before me this **19** day of **January**, 19**43**

(SEAL)

Bailey Lindstrom Notary Public, residing at **Provo, Utah**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Jan 25, 1943

Received for filing on **JAN 22 1943** by **Mary E. Bluff**, Registrar.

JAN 25 1943

SEP 5 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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253 206044 818

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **305283**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Wash. (b) City Weiser
(c) Street Address or R.F.D. No. Court St.
(d) Name of Hospital or Maternity Home: none

(e) Mother's stay **BEFORE** delivery:
IN THIS county 18 years 6 months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No. Court St.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD FLOY BECRAFT

6. Sex female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

FATHER OF CHILD

10. **FULL NAME** Harry Elbert Becraft
11. Color or Race white 12. Age at time of THIS birth 23 yrs.
13. Birthplace Walla Walla Washington
(City or town) (State or foreign country)
14. Exact Occupation Building laborer
15. Industry or Business Construction

5. Date of Birth of Child (Month, day, year) June 6, 1910

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Thyrza Malinda Hayse
17. Color or Race white 18. Age at time of THIS birth 18 yrs.
19. Birthplace Thur Weiser Idaho
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum argerole

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature _____

M.D. Attendants deceased
Midwife Address _____ Date _____

State of _____ }
County of _____ } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 35 years of age, that I have known this person for 32 years, and that _____, who attended this birth. I further state that _____ (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC FOR OREGON

MY COMMISSION EXPIRES SEP. 4, 1943

Subscribed and sworn to before me this 3 day of Jan, 1943

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Signature Thyrza Malinda Hayse 1707 N.E. 33rd P. O. Address _____

Received for filing on JAN 25 1943

by Mabel J. Lerner

Registrar

JAN 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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466-125030-369

365290

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Benewah (b) P.O. Hornum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at my Mother's home
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Benewah
(c) P.O. Hornum
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 34 yrs.

4. FULL NAME OF CHILD

Frank Armour Moore

5. Date of Birth of Child
(Month, day, year) 3-25-1910

6. Sex Male 7. Twin or Triplet If so - born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Armour Moore
11. Color or Race white 12. Age at time of THIS birth 41 yrs.
13. Birthplace Ontario Canada
(City or town) (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elsie Cornforth
17. Color or Race white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Silver Star, Montana
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 2:00 P.M. on the date (Born alive, stillborn).
and at the place stated above, and that personal particulars were furnished by Lucinda Merritt, who is related to this child as grandmother (Mother, etc.)
(First name) (Last name)

25. Attendant's OWN signature Mrs. Lucinda Merritt M.D. Address St. Maries, Date 10-24-42

State of Idaho,
County of Benewah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 32 years, and that Dr. Hanner is deceased (Last name) (Is now deceased) or (Cannot be located).
I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mary Elsie Crossgrove Signature
2527 West Mallon Spokane, Washig. Idaho P. O. Address

Subscribed and sworn to before me this 24th day of Oct. 1942

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9, Idaho Code Annotated.)

Notary Public, residing at St. Maries

Received for filing on JAN 25 1943 by Mary Elsie Crossgrove, Registrar.

008-333
JAN 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

635 105 028 -238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Hayden Lake
(c) Street Address or R.F.D. No. Hayden Lake
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Hayden Lake
(d) Street Address or R.F.D. No. Hayden Lake
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

4. FULL NAME OF CHILD

John Elmer Fletcher

6. Sex Boy 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child Feb. 5, 1910
(Month, day, year)

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert Franklin Fletcher
11. Color or Race White 12. Age at time of THIS birth 33 yrs.
13. Birthplace Neston Oregon
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Hattie Belle Fletcher
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Sedalia Missouri
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Washington
County of Shelton

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for years, and that Melvinia W. Schaffer who attended this birth. Deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1907 Session Laws.

Mrs. Hattie Belle Fletcher Signature

Subscribed and sworn to before me this 9 day of Jan, 1913

(SEAL)

Arnon S. Beckley Notary Public, residing at Wenatchee

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 25 1913 by Mabel Fletcher, Registrar.

JAN 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

414-217022-155

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 365312
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County FREMONT (b) City CUNART
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County FREMONT
(c) City CUNART
(d) Street Address or R.F.D. No. —

(e) How long has **MOTHER** lived in Idaho? 3 yrs 9 mos

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD

Clarice Maria Madsen

5. Date of Birth of Child
(Month, day, year) August 17, 1910

6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Peter Madsen
11. Color or Race white 12. Age at time of THIS birth 53 yrs.
13. Birthplace Denmark
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business none

MOTHER OF CHILD

16. FULL MAIDEN NAME Christina Jensen
17. Color or Race white 18. Age at time of THIS birth 28 yrs.
19. Birthplace Denmark
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 7 P. M. on the date August 17, 1910 (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Christina Madsen, who is related to this child as mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address not known Date

State of Utah } ss.
County of Utah

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 32 years, and that me (First name) Wesley (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Peter Madsen Signature

P. O. Box 135 P. O. Address

Subscribed and sworn to before me this 23rd day of Sept, 1914

(SEAL) June 20, 1943 Notary Public, residing at SPRINGVILLE

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1943 by Mary J. Nelson, Registrar.

JAN 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

663-219025 632
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

365314
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Clearwater
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....

(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

4. FULL NAME OF CHILD

Clara Golden

6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd —

FATHER OF CHILD

10. FULL NAME Martin J. Golden

11. Color or Race White 12. Age at time of THIS birth 43 yrs.

13. Birthplace Norway
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Clearwater
(d) Street Address or R.F.D. No.....

(e) How long has **MOTHER** lived in Idaho?..... yrs.

3. RESIDENCE OF FATHER (city, state) Clearwater, Idaho

5. Date of Birth of Child 4-19-10
(Month, day, year)

8. No. months of Pregnancy — 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Marie Olson

17. Color or Race White 18. Age at time of THIS birth 38 yrs.

19. Birthplace Hawley, Minnesota
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 8 a.m. on the date 4-19-10
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Thelma F Skinner, who is related to this child as Sister
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
Midwife

State of Idaho
County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 32 years, and that Dr. Busie, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thelma F Skinner Signature

Box 755 Kellogg Idaho P. O. Address

Subscribed and sworn to before me this 14 day of Jan., 1943
Commission expires May 15 1945
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
May M Stout Notary Public, residing at Kellogg Ida.

Received for filing on JAN 25 1943 by Mary E. Beeder Registrar.

JAN 26 1943

AUG 28 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

463-126024-753

365324

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Gooding</u> (b) City <u>Hagerman</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County..... (c) City <u>Hagerman</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho?..... yrs.
3. RESIDENCE OF FATHER (city, state) <u>Hagerman, Idaho</u>		

4. FULL NAME OF CHILD <u>Frank William Dolby</u>	5. Date of Birth of Child (Month, day, year) <u>3/26/1910</u>
6. Sex <u>Male</u>	8. No. months of Pregnancy <u>9. Legitimate?</u> <u>Yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Frank Wright Dolby</u>	16. FULL MAIDEN NAME <u>Gertrude Irene Pelton</u>		
11. Color or Race <u>White</u>	17. Color or Race <u>White</u>		
12. Age at time of THIS birth <u>25</u> yrs.	18. Age at time of THIS birth <u>24</u> yrs.		
13. Birthplace <u>Medical Springs, Oregon</u> (City or town) (State or foreign country)	19. Birthplace <u>La Grande, Oregon</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Carpenter</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business	21. Industry or Business		

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature	M.D. Midwife	Address	Date
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State of Washington
County of Thurston } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32 years, and that Dr. Frankboner who attended this birth Unknown I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

ms Gertrude Irene Pelton Dolby Signature
1218 East Tenth Street, Olympia, Wash. Address

Subscribed and sworn to before me this 15 day of January, 1943
(SEAL) McRoch Notary Public, residing at Olympia, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

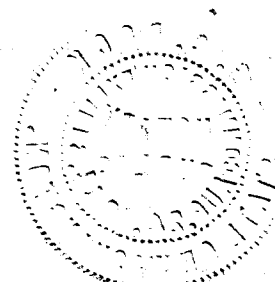
Received for filing on JAN 26 1943 by Mabel J. E. E. E., Registrar.

JAN 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

293-227006 699

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **365405**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>Riverside</u> (c) Street Address or R.F.D. No. <u>at home</u> (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>4</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Riverside</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>23</u> yrs.	
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4. FULL NAME OF CHILD <u>Thelma Killian</u>		5. Date of Birth of Child (Month, day, year) <u>Mar 27, 1910</u>	
6. Sex <u>Female</u> 7. Twin or <u>Triplet</u> If so—born <u>1st, 2nd, 3rd</u>		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William Russell Killian</u>		16. FULL MAIDEN NAME <u>Verena Wright</u>	
11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>25</u> yrs.		17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>23</u> yrs.	
13. Birthplace <u>Glennwood, Utah</u> (City or town) (State or foreign country)		19. Birthplace <u>Whitney, Idaho</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Butcher</u>		20. Exact Occupation <u>House Wife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

25. Attendant's OWN signature F. M. Mitchell **M.D.** Mitchell **Address** Blackfoot **Date** Mar 27/10
State of California **County of** Los Angeles ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for years, and that Frank W. Mitchell who attended this birth Living I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Verena Wright Killian Signature
1738 Appleton St. Long Beach, Calif P. O. Address
Subscribed and sworn to before me this 4 day of Jan 19 43
(SEAL) Notary Public in and for the County of Long Beach, Cal
(Note: Perjury is punishable as a felony in Idaho; see Sec. 11-514, Idaho Statutes.)

Received for filing on JAN 27 1943 by Mar 27 1943 Registrar.

JAN 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

362-204040-366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 365406
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Shoshone</u> (b) City <u>Wardner</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>own home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>4</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Shoshone</u> (c) City <u>Wardner</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>4</u> yrs.	
3. RESIDENCE OF FATHER (city, state) <u>Wardner, Idaho</u>		5. Date of Birth of Child (Month, day, year) <u>Dec. 4, 1910</u>	

4. FULL NAME OF CHILD <u>Velma Coker</u>		6. Sex <u>Female</u>	
7. Twin or Triplet		8. No. months of Pregnancy <u>9</u>	
9. Legitimate? <u>Yes</u>		10. If so—born 1st, 2nd, 3rd	

FATHER OF CHILD 11. FULL NAME <u>John Coker</u> 12. Color or Race <u>white</u> 13. Birthplace <u>Springfield, Mo.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Miner</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Ellen Toomey</u> 17. Color or Race <u>white</u> 18. Birthplace <u>Crestline, Kansas</u> (City or town) (State or foreign country) 19. Exact Occupation <u>Housewife</u> 20. Industry or Business	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum Sargyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at abt. 7 A.M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Mary Ellen Coker, who is related to this child as mother (Mother, etc.)

25. Attendant's OWN signature J. R. Mason **M.D.** None **Address** Kellogg, Ida **Date** 1/8-43

State of _____ } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

County of _____ }

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth _____ I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____.

(SEAL) _____ Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1943 by Mabel E. Fisher, Registrar.

JAN 28 1943

FEB 20 1970

FEB 4 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **365475**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Kimberly
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: 3 years 3 months 0 days
IN THIS county

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Kimberly, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kimberly, Ida.

4. **FULL NAME OF CHILD** Gertrude Rebecca McMaster
5. Date of Birth of Child (Month, day, year) June 5, 1910
6. Sex female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Roy Orestus McMaster
11. Color or Race white 12. Age at time of THIS birth 2425 yrs.
13. Birthplace Bedford, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Sarah Kendall Edmiston
17. Color or Race white 18. Age at time of THIS birth 2223 yrs.
19. Birthplace Sutton, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho }
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 31 years, and that Dr. White who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Sarah M. Martin Signature

Commission Expires May 20, 1945 Hansen, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of January, 19 43

(SEAL) Clifford S. Farris Notary Public, residing at Kimberly, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1943 by Mabel E. Eden Registrar.

FEB 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

958-129 028-793

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

365484
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No. R# 2
(d) Name of Hospital or Maternity Home:
Born in our home
(e) Mother's stay BEFORE delivery:
IN THIS county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No. R# 2
(e) How long has MOTHER lived in Idaho? 39 yrs.

3. RESIDENCE OF FATHER (city, state) Post Falls, Idaho

4. FULL NAME OF CHILD Chester Ramleigh Reynolds

5. Date of Birth of Child
(Month, day, year) Jan 29, 1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harvey Hoge Reynolds
11. Color white 12. Age at time of THIS birth 47 yrs.
13. Birthplace Attadale, Alabama
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Clementine Giles
17. Color white 18. Age at time of THIS birth 31 yrs.
19. Birthplace Memphis Tennessee
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.
Midwife

Address

Date

State of Idaho ss.
County of Shoshone

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 80 years of age, that I have known this person for 37 years, and that J.B. McLean, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 10 day of Jan 1943

(SEAL)

Notary Public, residing at Post Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1943 by Mabel E. Brown, Registrar.

FEB 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DECEASED

815-201-025-293

365491

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>FERDINAND</u> (c) Street Address or R.F.D. No. <u>FERDINAND</u> (d) Name of Hospital or Maternity Home: <u>RESIDENCE</u> (e) Mother's stay BEFORE delivery: IN THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County _____ (c) City <u>FERDINAND</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>1</u> yrs.	
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4. FULL NAME OF CHILD <u>VIOLA BEULAH HANSON</u>		5. Date of Birth of Child (Month, day, year) <u>July 1-1910</u>	
6. Sex <u>FEMALE</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		9. Legitimate? <u>Yes</u>	

FATHER OF CHILD 10. FULL NAME <u>HENRY JOHN HANSON</u> 11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>32</u> yrs. 13. Birthplace <u>MINN</u> (City or town) (State or foreign country) 14. Exact Occupation <u>LABORER</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>EVA SALOME BICKNELL</u> 17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth <u>18</u> yrs. 19. Birthplace <u>PALOUSE WASH.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>HOUSE WIFE</u> 21. Industry or Business _____	
---	--	--	--

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____

State of WASH. } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
 County of MASON

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for LIFE years, and that MRS JENNY HANSON, who attended this birth IS NOW DECEASED. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Eva Hanson Signature
119 FRONT STR Shelton WASH P. O. Address

Subscribed and sworn to before me this 25 day of Jan 1943
 (SEAL) P H Eddy Notary Public, residing at Shelton Wash.
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on JAN 30 1943 by Mary E. Eddy Registrar.

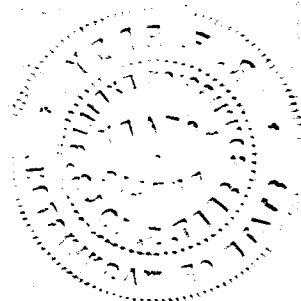
FEB 3 1943

NOV 12 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

236 125 025-366

365529

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Born at home

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home 2 days.
IN THIS county _____ years _____ month _____ days

4. FULL NAME OF CHILD

James Cook Sloan

6. Sex

Male

7. Twin or Triplet Twin

If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 4 mo

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

James B. Sloan

11. Color or Race White

12. Age at time of THIS birth 57 yrs.

13. Birthplace Knobville Tennessee

(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 2:00 A.M. on the date _____

and at the place stated above, and that personal particulars were furnished by William Larson, who is related to this child as agent (First name) (Last name)

26. (a) JAN 30 1943 (b) Maui Keefin

(Date received) (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's

OWN signature Allie M Larson M.D.

and address _____ (D.O., Midwife, etc.)
Date _____

State of Idaho }
County of Wayne } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Allie M. Larson, being first duly sworn, say that I am related to (Related to (or) acquainted with)
James Cook Sloan as agent, whose birth certificate

(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. A. S. Sloan, who attended

said birth deceased and that this birth has not been previously recorded. (Name of attendant at birth)

(Is now deceased (or) cannot be located)

Allie M. Larson

Signature

P. O. Address

Subscribed and sworn to before me on this 26 day of January, 1943

(SEAL)

G. R. Gandy

NOTARY PUBLIC FOR IDAHO, RESIDING AT LEWISTON
THERMIN. MY COMMISSION EXPIRES JULY 21, 1945.

FEB 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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343 117 022-299

365555

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Fremont</u> (b) City <u>Teton</u> (c) Street Address or R.F.D. No. <u>1</u> (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: IN THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Fremont</u> (c) City <u>Teton</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>21</u> yrs.	
4. FULL NAME OF CHILD <u>Glenn Tuckett</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		5. Date of Birth of Child (Month, day, year) <u>Dec 17-1910</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Charles Noah Tuckett</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>30</u> yrs. 13. Birthplace <u>Springville Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farming</u> 15. Industry or Business <u>Dry Farm</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Evelina Bird</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>27</u> yrs. 19. Birthplace _____ (City or town) (State or foreign country) 20. Exact Occupation <u>house wife</u> 21. Industry or Business <u>house wife</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>7</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____

State of Idaho }
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 32 years, and that Glenn Tuckett who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Evelyn Tuckett Signature

Subscribed and sworn to before me this 29 day of January 1913

(SEAL) _____ Notary Public, residing at Parisburg Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1913 by Marl T. Eifer Registrar.

FEB 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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OCT 1 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

369 229 010-594

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **365566**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bonneville (b) City Irwin, Idaho

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: _____
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bonneville

(c) City Swan Valley - P.O. Irwin, Idaho

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Irwin, Idaho

4. FULL NAME OF CHILD Echo Mae Corbit

6. Sex Female 7. Twin or Triplet — If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Harlin Corbit

11. Color or Race White 12. Age at time of THIS birth 47 yrs.

13. Birthplace Coridon, Iowa
(City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

5. Date of Birth of Child
(Month, day, year) October 29th, 1910

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Hissell

17. Color or Race White 18. Age at time of THIS birth 40 yrs.

19. Birthplace Linerville, Missouri
(City or town) (State or foreign country)

20. Exact Occupation House-wif

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum:

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
Midwife

State of Idaho }
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 33 years, and that G. Anderson, who attended this birth Is now deceased, I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

One Virinda Breeding Signature

330-6th St., Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of January, 1943.

(SEAL) Paul T. Petersen Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 1 1943 by Marj E. Eber, Registrar.

FEB 4 1943

FEB 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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492-118 016-497

365588

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years _____ months _____ days

4. FULL NAME OF CHILD

Benjamin Franklin Mickelson

6. Sex

M.

7. Twin or Triplet _____

If so—born 1st, 2nd, 3rd _____

10. FULL NAME

Ernest Lee Mickelson

11. Color or Race

Wk.

12. Age at time of THIS birth 49 yrs.

13. Birthplace

(City or town) Boise, Idaho

(State or foreign country)

14. Exact Occupation _____
15. Industry or Business _____

Farmer

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. _____

(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state)

Oakley, Idaho

5. Date of Birth of Child

(Month, day, year) 18 May 1910

8. No. months of Pregnancy Reg

9. Legitimate? Yes.

MOTHER OF CHILD

16. FULL MAIDEN NAME

Mabel E. Mix

17. Color or Race

Wk.

18. Age at time of THIS birth 19 yrs.

19. Birthplace

(City or town) Wab. Co. Kansas

(State or foreign country)

20. Exact Occupation _____
21. Industry or Business _____

Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____

23. Number of children of this mother: (a) At time of birth and including this child. _____ (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)

Dr. E. P. Oldham (First name) now deceased (Last name)

25. Attendant's OWN signature

M.D. _____
Midwife _____ Address _____

Date _____

State of Idaho } ss.
County of Cassia

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32+ years, and that Dr. E. P. Oldham (First name) is now dead (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel E. Matthews Signature

Bozley, Idaho P. O. Address

Subscribed and sworn to before me this 10 day of February 1943

(SEAL)

Henry W. Fisher Notary Public, residing at Bozley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 3 1943 by Mabel E. Matthews Registrar.

FEB 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

685106 027-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

365613

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
AT home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Jerome, Id

4. FULL NAME OF CHILD

Charles Merlen Wheeler

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

5. Date of Birth of Child

(Month, day, year) Feb. 6, 1910

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Benjamin Wheeler

11. Color White or Race Browntown 12. Age at time of THIS birth 36 yrs.
13. Birthplace Iowa U.S.A.
(City or town) (State or foreign country)
14. Exact Occupation Janitor
15. Industry or Business Hotel

MOTHER OF CHILD

16. FULL MAIDEN NAME Olena Belle Mitchell

17. Color White or Race White 18. Age at time of THIS birth 37 yrs.
19. Birthplace New Sharon, Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of Idaho }
County of Jerome } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 32 years, and that DR. E. Piper who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olena Belle Mitchell Signature

Salem, Oregon

P. O. Address

Subscribed and sworn to before me this 1 day of Feb.

19 42

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Lee Maady Notary Public, residing at Salem, Ore

Received for filing on

FEB 5 1943

by

Marv H. Fisher

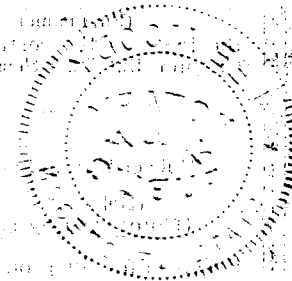
Registrar.

FEB 5 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

365711 365711 365711

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census **STATE OF IDAHO** Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Blaine</u> (b) City <u>Gannett</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: <u>IN THIS</u> county <u>25</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Blaine</u> (c) City <u>Gannett</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>25</u> yrs.	
4. FULL NAME OF CHILD <u>Flora Gay Floyd</u>		5. Date of Birth of Child (Month, day, year) <u>Dec. 13, 1910</u>	
6. Sex <u>female</u>	7. Twin or Triplet _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Clato Floyd</u>		16. FULL MAIDEN NAME <u>Sadie Gillihan</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>35</u> yrs.		18. Age at time of THIS birth <u>31</u> yrs.	
13. Birthplace <u>Stanberry, Missouri</u> (City or town) (State or foreign country)		19. Birthplace <u>Whitesville, Missouri</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business _____		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>3</u>			
ATTENDANT'S CERTIFICATE			
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.)			
25. Attendant's OWN signature _____		M.D. _____	Date _____
State of <u>Idaho</u> } ss.		AFFIDAVIT to be completed when the attendant does not sign in Item 25.	
County of <u>Blaine</u> }			
I, the undersigned, being first duly sworn, say that I am the <u>Aunt</u> of the person whose name appears in Item 4, above, that I am now <u>61</u> years of age, that I have known this person for <u>35</u> years, and that <u>Mrs. H. C. Stanfield</u> , who attended this birth <u>is now deceased</u> . I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.			
		<u>Lulu Floyd Fuld</u> Signature	
		<u>Hailey, Idaho</u> P. O. Address	
Subscribed and sworn to before me this <u>15th</u> day of <u>February</u> , 19 <u>43</u>			
(SEAL) <u>Joseph W. Fuld</u>		Notary Public, residing at <u>Hailey, Idaho</u>	
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)			
Received for filing on <u>FEB 17 1943</u>		by <u>Mary E. Elder</u> , Registrar.	

FEB 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 365718
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Bannock** (b) City **Pocatello**
(c) Street Address or R.F.D. No. **314 S. 3rd. Ave.**
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county **2** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Bannock**
(c) City **Pocatello**
(d) Street Address or R.F.D. No. **314 S. 3rd. Ave.**
(e) How long has MOTHER lived in Idaho? **22** yrs.

3. RESIDENCE OF FATHER (city, state) **Pocatello**

4. FULL NAME OF CHILD **ANDREW HERBERT HYDE**

5. Date of Birth of Child
(Month, day, year) **Jan. 11, 1910**

6. Sex **Male** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? **Yes**

FATHER OF CHILD

10. FULL NAME **Herbet S. Hyde**
11. Color or Race **white** 12. Age at time of THIS birth **23** yrs.
13. Birthplace **La Junta Colo.**
(City or town) (State or foreign country)
14. Exact Occupation **Railroad barkman**
15. Industry or Business **Rail Road**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Della Akins**
17. Color or Race **white** 18. Age at time of THIS birth **17** yrs.
19. Birthplace **Bement Illinois**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business **Hwk. in own home**

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **1**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **alive** at **6:00 P.M.** on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by **Della Wells**, who is
related to this child as **Mother**
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Address Date

State of **California**
County of **Los Angeles** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4, above, that I am now **49** years of age, that I have known this person for **49** years, and that **O. B. Steeley**, who attended this birth **Deceased**, I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Della Hyde Wells Signature

My Commission Expires **July 25, 1944** **320 East Market St. Long Beach California.** P. O. Address

Subscribed and sworn to before me this **15** day of **February**, 19**43**

(SEAL) **Edward F. Bryan** Notary Public, residing at **Long Beach Cal.**
(Note: Perjury is punishable as a felony in Idaho; see Sec 17-14, Idaho Code Annotated.)

Received for filing on **FEB 18 1943** by **Mary Elder**, Registrar.

FEB 18 1943

OCT 7 1968
FEB 14 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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862-227027-693
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

365720
365720
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years 3 months 27 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Jerome, Idaho

4. **FULL NAME OF CHILD** ANNA MAY HOSKINS
5. Date of Birth of Child, (Month, day, year) July 27, 1910
6. Sex female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Jay L. Hoskins
11. Color or Race white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Storm Lake Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Frances Wilson
17. Color or Race white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Kircubbin, Co. Down, Ireland
(City or town) (State or foreign country)
20. Exact Occupation None
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 6:30 P.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Frances Wilson Hoskins, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____
Midwife Address _____ Date _____

State of Idaho }
County of Jerome } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32 years, and that Dr. E. D. Piper is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frances Wilson Hoskins Signature
Jerome Idaho P. O. Address

Subscribed and sworn to before me this 17th day of February, 1943

(SEAL) W. H. White Notary Public, residing at Twin Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1943 by Mary E. Egan, Registrar.

JUL 16 1973

FEB 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

519-228 006 653

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **365739**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Lona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Lona
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 40 yrs.

4. FULL NAME OF CHILD

Emma Earl

6. Sex F 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) Lona, Ida

5. Date of Birth of Child
(Month, day, year) Febr. 28, 1910

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME M. Wilson Earl
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Farmington Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma L. Welling
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Farmington Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of Idaho }
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for Life years, and that Sarah Beach (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma S. Earl

Signature

593 K. St. Idaho Falls, Idaho

P. O. Address

Subscribed and sworn to before me this 6th day of February, 1943.

(SEAL)

CLERK OF THE DISTRICT COURT

Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

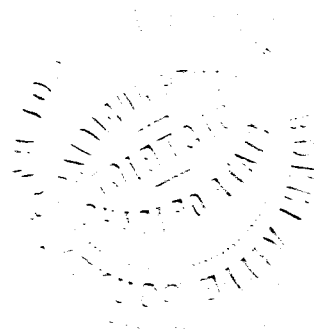
Received for filing on FEB 8 1943 by Mary E. Elder, Registrar.

FEB 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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414-108 014 954

United States (Be sure the information is as of date of birth of THIS child) State File No. **365751**
Department of Commerce **FEB 8 - 1943** **CERTIFICATE OF BIRTH** Local Reg. No. **407**
Bureau of the Census **STATE OF IDAHO** Reg. Dist. No. **361**

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Canyon</u> (b) City <u>RFD</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>At home</u> (e) Mother's stay BEFORE delivery: <u>2</u> years <u>2</u> months <u>2</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Caldwell RFD</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>Dwight Eli Madden</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		3. RESIDENCE OF FATHER (city, state) _____ 5. Date of Birth of Child <u>Nov. 8, 1910</u> (Month, day, year) _____ 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Isaac F. Madden</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>35</u> yrs. 13. Birthplace <u>Kentucky</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary G. Remy</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>30</u> yrs. 19. Birthplace <u>Ohio</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>1% Silver Nitrate</u>		23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>	
ATTENDANT'S CERTIFICATE			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born alive</u> at <u>4:00 A.M.</u> on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by <u>Isaac F. Madden</u> , who is related to this child as <u>Father</u> (First name) (Last name) (Mother, etc.)			
25. Attendant's OWN signature <u>[Signature]</u> State of <u>P.M. Cole, M.D.</u> M.D. Address <u>Caldwell, Idaho</u> Date <u>Jan. 26, 43</u> County of _____ ss.		AFFIDAVIT to be completed when the attendant does not sign in Item 25.	
I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth _____ I further state that _____ (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.			
Subscribed and sworn to before me this _____ day of _____, 19____.			
(SEAL) _____ Notary Public, residing at _____ (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)			

Received for filing on 1-28-43 by [Signature] Registrar.

007 25 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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RECEIVED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

959 115 028 -236

365757

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>KOOTENAI</u> (b) City <u>RATHDRUM</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>KOOTENAI</u> (c) City <u>RATHDRUM</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>10</u> yrs.	
3. RESIDENCE OF FATHER (city, state) <u>RATHDRUM IDAHO</u>		5. Date of Birth of Child (Month, day, year) <u>8 15 1910</u>	
4. FULL NAME OF CHILD <u>WALDEN QUINCY REINIGER</u>		6. Sex <u>MALE</u>	
7. Twin or Triplet		8. No. months of Pregnancy <u>9</u>	
9. Legitimate? <u>YES</u>			
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>ERNEST FREDERICK REINIGER</u>		16. FULL MAIDEN NAME <u>IDA ALICE STODDARD</u>	
11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>27</u> yrs.		17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth <u>27</u> yrs.	
13. Birthplace <u>RATHDRUM IDAHO</u> (City or town) (State or foreign country)		19. Birthplace <u>LAKE PRESTON, SOUTH DAKOTA</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>STORE KEEPER</u>		20. Exact Occupation <u>HOUSEWIFE</u>	
15. Industry or Business <u>SEIBERGSON COMPANY</u>		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Address Date
Midwife
State of WASHINGTON } ss. **AFFIDAVIT** to be completed when the attendant does not sign
County of COWLITZ in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears
in Item 4, above, that I am now 53 54 years of age, that I have known this person for 32 yrs. 7 mos. years, and that
DR. FRANK WENZ who attended this birth IS NOW DECEASED I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Ida Alice Reiniger Signature
2503 Cascade Way, P.O. Address
Subscribed and sworn to before me this 6th day of February, 1943
(SEAL) Anthony J. Mills Notary Public, residing at Hangman, Wn
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 10 1943 by Mary E. Edger Registrar.

FEB 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

255-231030-713
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

365764
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Lemhi</u> (b) City <u>Libbonsville</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home <u>Private home</u> (e) Mother's stay BEFORE delivery: <u>22</u> years <u>5</u> months <u>5</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Lemhi</u> (c) City <u>Libbonsville</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>22</u> yrs.	
4. FULL NAME OF CHILD <u>Jessie May Benedict</u>		5. Date of Birth of Child (Month, day, year) <u>Mar. 31, 1910</u>	
6. Sex <u>Female</u> 7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Ernest Richard Benedict</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>51</u> yrs. 13. Birthplace <u>Winnebago Co. Illinois</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Ranching</u> 15. Industry or Business <u>Cattle raising</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Jessie Palmer</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>37</u> yrs. 19. Birthplace <u>Mineral Ridge, Ohio</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>none</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>8</u> (b) Born alive and now living <u>10</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____

State of Idaho }
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 32 years, and that Husband E. R. Benedict who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie Benedict Signature
Lednor Idaho P. O. Address
Subscribed and sworn to before me this 6 day of February, 1943
(SEAL) May V. Orr Notary Public, residing at Lednor Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

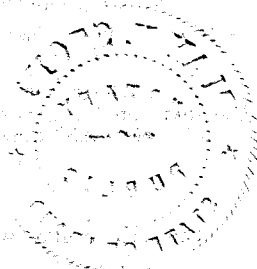
Received for filing on FEB 10 1943 by Mary Elder, Registrar.

FEB 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



495 222 085 -296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **365814**
Local Reg. No.
Reg. Dist. No.

FEB 8 1943

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Nez Perce (b) City Genesee P.O.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Nez Perce
(c) City Genesee F.O.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Genesee, Ida.

4. FULL NAME

OF CHILD Betty Mae Dresher

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child

(Month, day, year) June 22, 1910

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Dresher
11. Color or Race White 12. Age at time of THIS birth 49 yrs.
13. Birthplace Waapakanatti, Ohio
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Alma Broberg
17. Color or Race White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Sweden
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 5 P.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Alma Dresher, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Alma Dresher Midwife

State of Idaho }
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 31 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Alma Dresher Signature

Genesee, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of February, 1943

(SEAL)

Notary Public, residing at Genesee, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1943 by Mary E. Elder, Registrar.

FEB 12 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only **BLACK** Ink or **BLACK** Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing **FIRST-CLASS** postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

315714 023-813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **365878**

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of the birth)
(a) County Bern (b) City Rural
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: in home
(e) Mother's stay **BEFORE** delivery:
IN THIS county — years 6 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bern
(c) City Rural
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) Bern Co. Ida

4. **FULL NAME OF CHILD** Carl Vernon Lansing

5. Date of Birth of Child (Month, day, year) June 14, 1910

6. Sex male 7. Twin or Triplet one If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Sidney Lansing

11. Color or Race white 12. Age at time of THIS birth 34 yrs.

13. Birthplace Lenora Kansas (City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL NAME** Josephine Hall

17. Color or Race white 18. Age at time of THIS birth 29 yrs.

19. Birthplace Colfax Wash. (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum. none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wash. County of Walla Walla } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 32 1/2 years, and that black, who attended this birth. cannot be located. I further state that (Is now deceased) or (Cannot be located)

(First name) (Last name)

The facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Sidney Lansing Signature
Walla Walla, Washington P. O. Address

Subscribed and sworn to before me this 8th day of February, 1943.

(SEAL)

Notary Public, residing at Walla Walla, Ida.
(Note: Perjury is punishable as a felony in Idaho, see Sec. 11-932, Idaho Code Annotated.)

Received for filing on FEB 15 1943 by Mary E. Egan, Registrar.

SEP 9 1963

FEB 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Notary Public for the State of Wash.

Subscribed and sworn to before me this 8th day of Feb. 1943.

I, Josephine Lansing, nee Hall, being sworn on my oath say that I am the mother of Carl Vernon Lansing, named in line 4 above. Said Carl Vernon Lansing was born to me and to Charles Sidney Lansing, in Lawton, Redlock, in our country home in Lem County, Idaho, on the 14th day of June, 1910. One Dr. Clark was the attending physician, and his whereabouts is unknown to us, and he is not available, and he cannot be located. The statements herein made, and contained in the within certificate are true of my own, personal and certain knowledge. I now reside at Wallula, Wash. which is my P.O. Address.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

266-207-044 162

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **365890**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Washington City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Cambridge, Idaho

4. FULL NAME OF CHILD GENEVA MARGARET HOWLAND

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. **FULL NAME** CHARLES HENRY HOWLAND

11. Color or Race White 12. Age at time of THIS birth 25 yrs.

13. Birthplace Michigan
(City or town) (State or foreign country)

14. Exact Occupation Stockman

15. Industry or Business

5. Date of Birth of Child
(Month, day, year) August 7, 1910

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. **FULL MAIDEN NAME** FRANCES ZEVEDA JOSLIN

17. Color or Race White 18. Age at time of THIS birth 21 yrs.

19. Birthplace Idaho
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Idaho }
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 32 years, and that

Dr. Elliot, who attended this birth can not be located. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frances Howland

Signature

Cambridge, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of February, 19 43

(SEAL)

Margaret Vogel

Notary Public, residing at Cambridge, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated.)

Received for filing on by Mary E. Edder, Registrar.

FEB 16 1943

FEB 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

365931

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Clifton
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
IN THIS county 20 years 2 months 44 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Clifton
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
3. **RESIDENCE OF FATHER** (city, state) Clifton, Idaho

4. **FULL NAME OF CHILD** William Noel Howell
5. Date of Birth of Child
(Month, day, year) January 17, 1910
6. Sex Male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** William Parley Howell
11. Color or Race White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Clifton Oneida County Idaho
(City or town) (State or foreign country)
14. Exact Occupation Carpenter and Laborer
15. Industry or Business Farming
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Lillie Alice Adams
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Fairview Oneida County Idaho
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Water
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at 9:45 M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Lillie A Howell, who is related to this child as Mother.
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** _____ M.D. _____
Midwife Address _____ Date _____

State of Idaho } ss. **AFFIDAVIT** to be completed when the attendant does not sign
County of Idaho in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 33 years, and that Harold Ann Howell, who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillie Alice Adams Howell Signature
2974 Adams - Ogden, Utah P. O. Address
Subscribed and sworn to before me this 50 day of February, 19 43
(SEAL) Sherry Seeger Notary Public, residing at Ogden, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1943 by Harold E. Elder, Registrar.

FEB 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-223-026-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. 365937

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Trilba Jones			2. Date (month) (day) (year) Of Birth October 23, 1910	
	3. Color or Race white	4. Sex Female	5. Place of Birth a. County Jefferson	b. City or Town of Birth Rigby	
FATHER	6. Full Name of Father Edward E. Jones			7. State or Country of Father's Birth Wales	
MOTHER	8. Full Maiden Name of Mother Margaret Stark			9. State or Country of Mother's Birth Radcliff, England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Trilba Jones</i>	11. Present Address of Registrant <i>Caldwell, Idaho 2111 Ill. Ave.</i>
NOTARY (Seal)	Subscribed and sworn to before me on <i>June 30 1965</i>			12. Signature of Notary <i>Gladys Walker</i>	13. Notary Commission expires <i>January 20 1968</i>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document Church Record		By whom issued and signed M. A. Johansen, Clerk	Date issued -----	Date Orig. Entry Obviously old
	Date of Birth Oct. 23 1910	Birth Place Rigby, Idaho	Full Name of Mother Margaret Stark	Name of Father Edward E. Jones	
SUPPORTING RECORD 2.	Type of Document Insurance Policy		By whom issued and signed American Home Benefit Assn.	Date issued July 16, 1951	Date Orig. Entry July 16 1951
	Date of Birth Oct. 23 1910	Birth Place Rigby, Idaho	Full Name of Mother -----	Name of Father -----	
SUPPORTING RECORD 3.	Type of Document Appl for Social Security #		By whom issued and signed Treasury Dept. # 518-07-8636	Date issued Dec. 3, 1936	Date Orig. Entry Dec. 3, 1936
	Date of Birth Oct. 23, 1910	Birth Place Rigby, Idaho	Full Name of Mother Margaret Stark	Name of Father Edward E. Jones	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by fc Florence Curtright	Date Filed Jan 5, 1968

365937

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Jefferson (b) City Rigby
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
At own residence
(e) Mother's stay **BEFORE** delivery:
IN THIS county 20 years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Rigby
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rigby, Ida

4. **FULL NAME OF CHILD** Trilba Jones

5. Date of Birth of Child Oct 26/1912
(Month, day, year)

6. Sex Female 7. Twin or Triplet ----

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward E. Jones
11. Color White 12. Age at time of THIS birth 47 yrs.
or Race
13. Birthplace Greerest, Wales
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Stark
17. Color White 18. Age at time of THIS birth 44 yrs.
or Race
19. Birthplace Radcliff, England
(City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Nitrate Silver wash
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
in Item 4, above, that I am now 75 years of age, that I have known this person for all life years, and that
Dr C.M. Paxton, who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Mrs E A Jones

Signature

Rigby, Idaho, R.D.I. P. O. Address

Subscribed and sworn to before me this 12th day of February, 1943

(SEAL)

Rosey Groom Notary Public, residing at Rigby, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1943 by Mary E. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 23 1943

JAN 5 1968

OCT 20 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-223-006-449

365941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: yes years 17 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Idaho

4. **FULL NAME OF CHILD** Erma Hathaway
7. Twin or Triplet No If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) March 23, 1910

6. Sex female
8. No. months of Pregnancy 9 9. Legitimate? yes
FATHER OF CHILD
10. **FULL NAME** Carl Benton Hathaway
11. Color white 12. Age at time of THIS birth 19 yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Violet Jeannette Muir
17. Color white 18. Age at time of THIS birth 17 yrs.
19. Birthplace Chesterfield, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 230.9 M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Emeline Muir, who is related to this child as grandmother (Mother, etc.)
25. Attendant's **OWN** signature Emeline D. Muir Midwife Address 143-137 Ave Date 3-15-43

State of } ss.
County of }
AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address
Subscribed and sworn to before me this day of 19.....
(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1943 by Mary E. Edgar, Registrar.

JUL 12 1971

FEB 18 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

763-208-040-263

365949

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County (b) City <u>WARDNER</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months <u>1</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>WASH.</u> (b) County (c) City <u>SEATTLE</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs.	
4. FULL NAME OF CHILD <u>MILDRED ELIZABETH</u>		5. Date of Birth of Child (Month, day, year) <u>NOV. 8 1910</u>	
6. Sex <u>FEMALE</u> 7. Twin or Triplet 8. If so—born 1st, 2nd, 3rd FATHER OF CHILD 9. Full Name <u>AXEL GOLDSBY</u> 10. Color or Race <u>WHITE</u> 11. Age at time of THIS birth <u>29</u> yrs. 12. Birthplace (City or town) <u>SWEDEEN</u> (State or foreign country) 13. Exact Occupation <u>MACHINIST (in Mines)</u> 14. Industry or Business		MOTHER OF CHILD 15. Full Maiden Name <u>Ingrid Maria Lotten Solman</u> 16. Color or Race <u>White</u> 17. Age at time of THIS birth <u>31</u> yrs. 18. Birthplace (City or town) <u>SWEDEEN</u> (State or foreign country) 19. Exact Occupation <u>HOUSE WIFE</u> 20. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Los Angeles

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 32 years, and that Ar Macketh (First name) (Last name) who attended this birth, probably Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Mrs Lotten Goldsby
Address 7658 Miramonte Bl Los Angeles Cal

Subscribed and sworn to before me this 16th day of January, 1943
(SEAL) Chas W. Scrubbe Notary Public, residing at Los Angeles Cal
(Note: Perjury is punishable as a felony in Idaho; see Sec. 47-914, Idaho Code Annotated.)

Received for filing on FEB 18 1943 by Maud Registrar.

FEB 18 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Booming</u> (b) City <u>Windell</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>4</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Booming</u> (c) City <u>Windell</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>4</u> yrs.	
4. FULL NAME OF CHILD <u>Esther Nickerson</u> 7. Twin or Triplet <u>Single</u> If so—born 1st, 2nd, 3rd 6. Sex <u>Female</u>		5. Date of Birth of Child (Month, day, year) <u>Dec 8th, 1910</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Charlie Nickerson</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>28</u> yrs. 13. Birthplace <u>Saint Joe, Mo.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farming</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Sarah Jane Redder</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>25</u> yrs. 19. Birthplace <u>Logan Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business <u>Keeping house</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. <u>None</u> <u>Child's Initial</u> <u>1910</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as

25. Attendant's OWN signature H. E. Lamb (Mother, etc.) M.D. Midwife Address Eugene Ore Date Feb 18-43
State of Ore County of Booming } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that Dr. Lamb (First name) (Last name), who attended this birth. Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

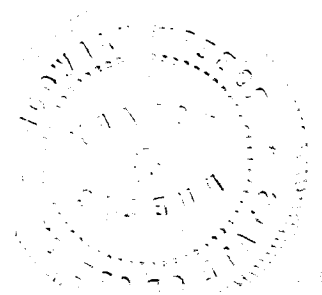
Signature Sarah Jane Nickerson
Boardman Oregon P. O. Address
Subscribed and sworn to before me this 3rd day of February, 1943
(SEAL) Robert Harwood Notary Public, residing at Boardman Ore
(Note: Perjury is punishable as a felony in Idaho; see Sec. 24-201 Idaho Code Annotated.)
Received for filing on FEB 18 1943 NOTARY PUBLIC FOR STATE OF IDAHO COMMISSION EXPIRES NOV. 5, 1944 Mary Elder Registrar.

FEB 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Residence</u> (e) Mother's stay BEFORE delivery: <u>IN THIS</u> county <u>2</u> years <u>1</u> months <u>10</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>two</u> yrs.
3. RESIDENCE OF FATHER (city, state) <u>Boise-Idaho</u>		

4. FULL NAME OF CHILD <u>Lex Columbus Rea</u>		5. Date of Birth of Child (Month, day, year) <u>May 18, 1910</u>	
6. Sex <u>male</u>	7. Twin or Triplet <u>X</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Abiga Lee Rea</u>		16. FULL MAIDEN NAME <u>Lydia Bell Mysinger</u>	
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>26</u> yrs.	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>20</u> yrs.
13. Birthplace <u>Greenfield</u> (City or town)	<u>Missouri</u> (State or foreign country)	19. Birthplace <u>Harrison</u> (City or town)	<u>Arkansas</u> (State or foreign country)
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Agus, sol 1%
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)
25. Attendant's OWN signature John Boeck **M.D.** _____ **Address** Boise Ida **Date** Feb 15 '43

State of Oregon } **AFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Columbia } ss.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above; that I am now 52 years of age, that I have known this person for 32 years, and that Dr. John Boeck, who attended this birth, not available I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

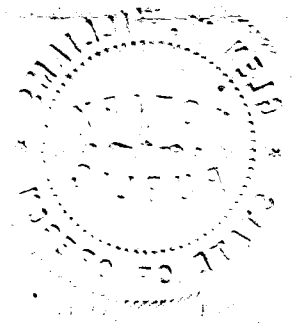
Notary Public for Oregon Lydia Bell Rea Signature
My commission expires Mar. 2, 1945 Rainier, Oregon P. O. Address
Subscribed and sworn to before me this 2nd day of February, 19 43
(SEAL) John H. Williams Notary Public, residing at Rainier, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

FEB 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay **BEFORE** delivery:
IN THIS county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. _____

(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Chester Lawrence Cooper

5. Date of Birth of Child
(Month, day, year) July 13, 1910

6. Sex Male **7. Twin or** First **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Lyman Jones Cooper
11. Color or Race White **12. Age at time of THIS birth** 41 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Delia Emily Roberts
17. Color or Race White **18. Age at time of THIS birth** 36 yrs.
19. Birthplace Baker (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____

23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife Address

Date

State of _____ }
County of _____ } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4, above, that I am now Legal years of age, that I have known this person for 32 years, and that _____, who attended this birth _____ I further state that _____ (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marsha McLean Signature
Route 2 - Bellevue P. O. Address

Subscribed and sworn to before me this 2 day of Jan 1943

(SEAL) L. Kinn Notary Public, residing at Bellevue
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

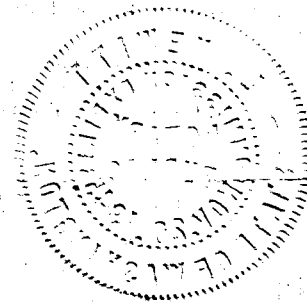
Received for filing on FEB 20 1943 by Maud Hedder Registrar.

FEB 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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713-210-032-331 (Be sure the information is as of date of birth of THIS child) 366028 366028

United States Department of Commerce Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lincoln (b) City Gooding
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Gooding
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? _____ yrs.

3. **RESIDENCE OF FATHER** (city, state) _____

4. **FULL NAME OF CHILD** Lea May Palmer

5. Date of Birth of Child (Month, day, year) Mar. 10, 1910

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____ 8. No. months of Pregnancy _____ 9. Legitimate? _____

FATHER OF CHILD

10. **FULL NAME** William E. Palmer

11. Color or Race white 12. Age at time of THIS birth 26 yrs.

13. Birthplace Clark Co., Missouri (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business _____

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennett Ethel Clark

17. Color or Race white 18. Age at time of THIS birth 27 yrs.

19. Birthplace Freemont, Kansas (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____

State of Idaho } ss. _____
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for life years, and that Dr. F.T. Cary who attended this birth Now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William E. Palmer Signature
Bliss, Idaho P. O. Address _____

Subscribed and sworn to before me this 24 day of February, 1913
(SEAL) Phemie Ambrose Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1913 by Mary E. Lee, Registrar.

FEB 24 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

577-103-014165

36604 ✓

366042

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Calderwell
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery: Our own home
In **THIS** county _____ years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City _____
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? six yrs.
3. **RESIDENCE OF FATHER** (city, state) eight yrs.

4. **FULL NAME OF CHILD** Wesley Clay Epperly
5. Date of Birth of Child 3/19/40
(Month, day, year)
6. Sex Male 7. Twin or Triplet _____ If so—born _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Arthur Clay Epperly
11. Color White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Mountain Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mora Belle Jones
17. Color White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Bloomfield Iowa
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

- State of Idaho } ss.
County of Ada

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

- I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 56 years of age, that I have known this person for life years, and that
Dr. Hamer who attended this birth was deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Mrs. Mora Epperly Signature
Los Angeles, Cal. P. O. Address

Subscribed and sworn to before me this 25 day of Feb., 1940

(SEAL)

Pauline Anderson Notary Public, residing at Brigid

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1940 by Marv E Elder Registrar.

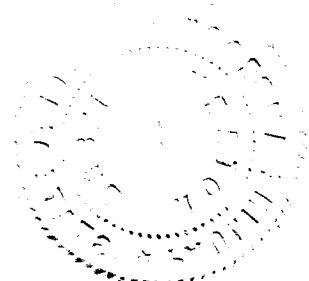
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

363-100-042-386

366046

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Twin Falls</u> (b) City <u>Buhl</u> (c) Street Address or R.F.D. No. <u>P. O. Box</u> (d) Name of Hospital or Maternity Home: <u>C. S. L. Ry. Section House</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Twin Falls</u> (c) City <u>Buhl, Idaho</u> (d) Street Address or R.F.D. No. <u>P. O. Box</u> (e) How long has MOTHER lived in Idaho? yrs.	
4. FULL NAME OF CHILD <u>Clifford Lawrence Cullen</u>		3. RESIDENCE OF FATHER (city, state) <u>Buhl, Idaho</u>	

6. Sex <u>Male</u>		5. Date of Birth of Child <u>12-20-1910</u> (Month, day, year)	
7. Twin or Triplet <u>---</u> If so—born <u>---</u> 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9 mos</u>	
9. Legitimate? <u>Yes</u>			

FATHER OF CHILD

10. FULL NAME <u>Joseph Thomas Cullen</u>
11. Color or Race <u>White</u>
12. Age at time of THIS birth <u>36</u> yrs.
13. Birthplace <u>Grafton Wisconsin</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Section Foreman</u>
15. Industry or Business <u>C. S. L. Ry. Co.</u>

MOTHER OF CHILD

16. FULL MAIDEN NAME <u>Julia Caroline Thomassen</u>
17. Color or Race <u>White</u>
18. Age at time of THIS birth <u>27</u> yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation <u>house wife</u>
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at on the date and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature <u>[Signature]</u>	M.D.	Address <u>Twin Falls</u>	Date <u>2-17-43</u>
State of <u>Montana</u>	AFFIDAVIT to be completed when the attendant does not sign in Item 25.		
County of <u>Silver Bow</u>			

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4 above, that I am now 69 years of age, that I have known this person for 32 years, and that Dr. Murphy cannot be located, who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature <u>Joseph Thomas Cullen</u>	
Address <u>229 N. Gold St. Butte, Montana</u>	
P. O. Address	
Subscribed and sworn to before me this <u>4th</u> day of <u>February</u> , NOTARY PUBLIC for the State of <u>Montana</u>	
(SEAL) <u>[Signature]</u> Notary Public Residing at <u>Butte, Montana</u>	
(Note: Perjury is punishable as a felony in Idaho; see Sec. 27-314, Idaho Code Annotated, in effect July 12, 1945)	

Received for filing on FEB 20 1943 by Mary Elder, Registrar.

FEB 22 1943

OCT 2 1972

JUN 9 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-125-009-295

366063

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bonner (b) City Newport
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bonner
(c) City Newport
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state)

Newport, Idaho.

4. FULL NAME OF CHILD

Melvon Charles Miller

5. Date of Birth of Child (Month, day, year)

April 25 1940

6. Sex

Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME

Charles Peter Miller

11. Color or Race

White

12. Age at time of THIS birth

23 yrs.

13. Birthplace (City or town)

Scottsburg Indiana

14. Exact Occupation

Mill worker

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Nina Kinney

17. Color or Race

White

18. Age at time of THIS birth

18 yrs.

19. Birthplace (City or town)

Vanderbilt Michigan

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as

(Mother, etc.)

(First name)

(Last name)

25. Attendant's OWN signature

M.D.

Midwife

Address

Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 32 years, and that

On Phillips (First name) (Last name), who attended this birth

Cannot be located (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before this 19 day of February, 1943.

(SEAL)

Ema E. Pass

Mrs. Nina Miller Signature
8716 P.E. Lafayette Portland P. O. Address

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

9117 S.E. Foster Portland, Oregon

Received for filing on

FEB 20 1943

by

Mary E. Elder

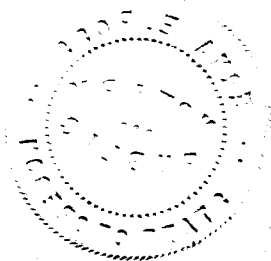
Registrar.

MAR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

363 116 006-715

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **366142**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mrs. E. A. Bird home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Idaho Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD

Julian Garage Coles

5. Date of Birth of Child

(Month, day, year) Sept 14, 1910

6. Sex

Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Daniel Holliman Coles

11. Color or Race

White

12. Age at time of THIS birth 33 yrs.

13. Birthplace

Centerville, Utah
(City or town)

(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME

Lillian Garage

17. Color or Race

White

18. Age at time of THIS birth 36 yrs.

19. Birthplace

Mill Creek, Utah
(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

Domestic

22. Name prophylactic used to prevent Ophthalmia Neonatorum. 10% ergy

23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at Idaho Falls M. on the date Feb 17-43 (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Lillian Coles, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

C. C. Coles

M.D. Midwife

Address Idaho Falls, Id. Date Feb 17-43

State of } ss.
County of

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (Mother, etc.)
....., who attended this birth. (First name) (Last name) (Is now deceased) or (Cannot be located)
I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of, 19.....

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 23 1943 by Mary Elder, Registrar.

FEB 23 1943

JUN 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to ~~report any birth which has occurred subsequent to such date~~, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

653 123 035 265
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

367147
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Nezperce</u> (b) City <u>Webb</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Private Home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>18</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nezperce</u> (c) City <u>Webb</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>28</u> yrs.	
4. FULL NAME OF CHILD <u>John Ernest Wells</u>		5. Date of Birth of Child (Month, day, year) <u>Sept. 23, 1910</u>	
6. Sex <u>Male</u> 7. Twin or Triplet <u>Triplet</u> 8. No. months of Pregnancy <u>9th</u>		9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Vernum B. Wells</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>45</u> yrs. 13. Birthplace <u>Idaho</u> - <u>Boise, Co.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Stockman</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Anna Francis Swenigan</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>33</u> yrs. 19. Birthplace <u>St. Louis, Missour</u> (City or town) (State or foreign country) 20. Exact Occupation <u>house wife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at Webb M. on the date Sept. 23, 1910 and at the place stated above, and that personal particulars were furnished by Vernum Wells, who is related to this child as Father.
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____

State of Idaho } **AFFIDAVIT** to be completed when the attendant does not sign
County of Idaho } in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 32 years, and that A. Mrs. Earl, who attended this birth deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vernum Butler Wells Signature
Patricia Wells P. O. Address

Subscribed and sworn to before me this 23rd day of Sept, 1910.

(SEAL) Wm. H. H. H. Notary Public, residing at Butterwood
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Idaho

Received for filing on FEB 25 1943 by Mary E. Elder, Registrar.

FEB 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

367176

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
Family home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 3 1/2 yrs.
3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Ida

4. **FULL NAME OF CHILD** Floyd Wayne Hall

5. Date of Birth of Child 10/11, 1910
(Month, day, year)

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** Elbert Martin Hall
11. Color white or Race American 12. Age at time of THIS birth 33 yrs.
13. Birthplace Wilkesboro, N. Carolina.
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

16. **FULL MAIDEN NAME** Lulu Alice Burke
17. Color white or Race American 18. Age at time of THIS birth 22 yrs.
19. Birthplace Wilkesboro N. Carolina
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN signature** M.D. Address Date
Midwife

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 31 years, and that Ellin Hall, who attended this birth Is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elbert Martin Hall Signature
Idaho P. O. Address

Subscribed and sworn to before me this 3 day of Jan, 1942
(SEAL) Manfred H. Eder Notary Public, residing at Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1942 by Manfred H. Eder Registrar.

FEB 25 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

RECEIVED FEB 1948 FORMER REJECT

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

235-230 010-357

367208

367208

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bonanza</u> (b) City <u>San Juan</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home:		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bonanza</u> (c) City <u>Shabo Falls</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs.	
(e) Mothers stay BEFORE delivery: In THIS county years months days		3. RESIDENCE OF FATHER (city, state)	
4. FULL NAME OF CHILD <u>Clara May Stevens</u>		5. Date of Birth of Child <u>Aug. 30. 1910</u> (Month, day, year)	
6. Sex <u>Female</u> 7. Twin or Triple 8. No. months of Pregnancy 9. Legitimate? <u>Yes</u>		10. FULL NAME <u>George J. Stevens</u> 11. Color or Race <u>Negro</u> 12. Age at time of THIS birth <u>29</u> yrs. 13. Birthplace <u>Utah</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farming</u> 15. Industry or Business		16. FULL NAME <u>Margaret Leggett</u> 17. Color or Race <u>Negro</u> 18. Age at time of THIS birth <u>18</u> yrs. 19. Birthplace <u>Utah</u> (City or town) (State or foreign country)	
20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)

who is related as
(Mother, etc.)

25. Attendant's OWN signature Dr. Hallister **M.D.** **Address** **Date**

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Dr. Hallister of the person whose name appears in Item 4,
(Mother, etc.)

above that I am now 60 years of age, that I have known this person for life years, and that
(First name) (Last name)

who attended this birth deceased I further
(Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Signature Dr. Hallister P. O. Address
1313 N. 5th Boise

Subscribed and sworn to before me this 2nd day of March, 19 43
(SEAL) Caroline Ambrose Notary Public, residing at Boise, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 - 1943 by Mary E. Elder Registrar.

MAR 2 1943

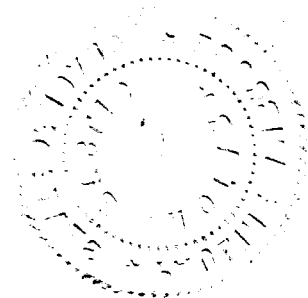
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MAR 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

689 201 037-966

36724

367242

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Owyhee</u> (b) City <u>Grand View</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Grand View Hotel</u> (e) Mothers stay BEFORE delivery: In THIS county years <u>1</u> months <u>14</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth), (a) State <u>Idaho</u> (b) County <u>Minidoka</u> (c) City <u>Keyburn</u> (d) Street Address or R.F.D. No. <u>2</u> (e) How long has MOTHER lived in Idaho? <u>47</u> yrs.	
4. FULL NAME OF CHILD <u>Edith Mary Whitson</u>		5. Date of Birth of Child (Month, day, year) <u>5/11/1910</u>	
6. Sex <u>Female</u> 7. Twin or Triplet 8. No. months of Pregnancy <u>9</u>		9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>George Leslie Whitson</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>26</u> yrs. 13. Birthplace <u>Hamilton North Dakota</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Cement Finisher</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Blanche Rowe</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>23</u> yrs. 19. Birthplace <u>Idemping Mich.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. <u>M. Silver Nitrate</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was above at - M. on the date above (Born alive, stillborn)
and at the place stated above, and the personal particulars were furnished by Blanche Whitson (First name) (Last name)
who is related as mother (Mother, etc.)

25. Attendant's OWN signature Geo. R. Proctor M.D. Address Date

AFFIDAVIT

State of Idaho ss. (To be completed when the attendant does not sign in Item 25.)
County of Idaho

I, the undersigned, being first duly sworn, say that I am the above of the person whose name appears in Item 4, (Mother, etc.)
above, that I am now 47 years of age, that I have known this person for 47 years, and that above, who attended this birth. I further (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this 11 day of May, 1940.
(SEAL) W. E. Elder, Notary Public, residing at Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1940 by W. E. Elder, Registrar.

MAR 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital of Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home _____ Days
In THIS county _____ years _____ months _____ days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 39 yrs.
(f) Mother's mailing address (For registration notice): _____
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Emmett, Idaho

4. FULL NAME OF CHILD

Lowell Richard Faull

5. DATE OF BIRTH

(Month, day, year) Jan 14, 1910

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Rickards Faull

11. Color or Race White 12. Age at time of THIS birth 55 yrs.

13. Birthplace Cornwall, England
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Syrena Smidt

17. Color or Race White 18. Age at time of THIS birth 36 yrs.

19. Birthplace Horseshoe Bend, Idaho
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ag no 3

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 4 P M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Family Record, who is (First name) (Last name)

related to this child as _____ (Mother, etc.)

26. (a) MAR 20 1942 (Date received) May 7 Elder (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature Burton O. Clark M.D. (D.O., Midwife, etc.)

Emmett, Idaho and address 3-20-42 Date 1st Adams Boise Idaho

MAR 22 1943

OCT 19 1973

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of

.....
.....

(b) Labor: Complications:

.....
..... Induced?

(c) State all operations for delivery

.....
.....

(d) Did baby have any:

(1) Congenital Malformation?

Describe:

(2) Birth Injury?

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

814-223014 993

367-180

367286

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Canyon (b) City Hampton
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital of Maternity Home: ✓

(e) Mother's stay BEFORE delivery:

In Hospital or Maternity Home _____ Days
In THIS county _____ years _____ months _____ days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Ida (b) County Canyon
(c) City Hampton
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 1 yrs.

(f) Mother's mailing address (For registration notice):

Hampton Idaho RT 3
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Margaret Bell Hamilton

5. DATE OF BIRTH July 23 1910
(Month, day, year)

6. Sex Female 7. Twin or Triplet X If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy 9 9. Legitimate? yes

10. FULL NAME R. E. Hamilton
FATHER OF CHILD

16. FULL MAIDEN NAME Nellie Richey
MOTHER OF CHILD

11. Color or Race white 12. Age at time of THIS birth 33 yrs.

17. Color or Race white 18. Age at time of THIS birth 34 yrs.

13. Birthplace Carlock Ill
(City or Town) (State or foreign country)

19. Birthplace Hampton Ohio
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

20. Exact Occupation Housewife

15. Industry Business ✓

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol anagrol

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

(c) Born alive and now dead one (d) Stillborn ✓

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 6 a M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Nellie Hamilton, who is (First name) (Last name)

related to this child as Mother (Mother, etc.)

MAR 24 1943

26. (a) _____ (b) _____
(Date received) (Registrar's signature)

25. Attendant's OWN signature J. H. Murray M.D.
(O.O., Midwife, etc.)

27. Given name added on _____ by Mary Elder
(Registrar's signature)

and address Hampton Ida Date June 1942

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate must be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

MAR 24 1943

LOCAL REGISTRATION OF BIRTHS

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SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

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SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of

.....
.....

(b) Labor: Complications:

.....
..... Induced?

.....

(c) State all operations for delivery

.....
.....

(d) Did baby have any:

(1) Congenital Malformation?

Describe:

(2) Birth Injury?

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4409 11-042 365

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **367358**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Turner (b) City Buhl
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Turner
(c) City Buhl
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Same as mother

4. FULL NAME OF CHILD

George Waller Duran

5. Date of Birth of Child

(Month, day, year) July 11, 1910.

6. Sex boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9.

9. Legitimate? yes.

FATHER OF CHILD

10. FULL NAME

Reason R. Duran

11. Color or Race white

12. Age at time of THIS birth 50 yrs.

13. Birthplace

Idaho Oregon
(City or town) (State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Ella Myrtle Long

17. Color or Race white

18. Age at time of THIS birth 33 yrs.

19. Birthplace

Woodburn Ore.
(City or town) (State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

M.D. Address
Midwife

Date

State of Idaho } ss.
County of Spokane

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 65 years of age, that I have known this person for since birth 32+ yrs. years, and that
Dr. McCloskey who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Myrtle Duran Signature
715 So. Sherman Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 25 day of Feb 1943

(SEAL)

Minnyed M. Peterson Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 1 - 1943 by Mary Elder Registrar.

MAR 1

1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

319-226035-362

367430

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

- | | |
|---|---|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>Nez Perce</u> (b) City <u>Lenore</u>
(c) Street Address or R.F.D. No. <u>--</u>
(d) Name of Hospital or Maternity Home: <u>Home</u>
(e) Mother's stay BEFORE delivery:
IN THIS county <u>5</u> years months days | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Nez Perce</u>
(c) City <u>Lenore</u>
(d) Street Address or R.F.D. No. <u>--</u>
(e) How long has MOTHER lived in Idaho? <u>5</u> yrs. |
|---|---|

- | | |
|--|---|
| 4. FULL NAME OF CHILD <u>Nellie Nettie Carter</u>
7. Twin or Triplet <u>no</u> If so—born 1st, 2nd, 3rd | 5. Date of Birth of Child (Month, day, year) <u>5-26-1910</u>
8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u> |
|--|---|

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|--|---|---|
| 10. FULL NAME <u>David Franklin Carter</u> | 16. FULL MAIDEN NAME <u>Elora Sonora Cosner</u> | | |
| 11. Color or Race <u>white</u> | 17. Color or Race <u>white</u> | 12. Age at time of THIS birth <u>36</u> yrs. | 18. Age at time of THIS birth <u>32</u> yrs. |
| 13. Birthplace (City or town) <u>Michigan</u> (State or foreign country) | 19. Birthplace (City or town) <u>Maysville</u> (State or foreign country) <u>W. Va.</u> | | |
| 14. Exact Occupation <u>Farmer</u> | 20. Exact Occupation <u>Housewife</u> | | |
| 15. Industry or Business <u>farming</u> | 21. Industry or Business | | |

- 22. Name prophylactic used to prevent Ophthalmia Neonatorum**
- 23. Number of children of this mother:** (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

- 24. I HEREBY CERTIFY** That I attended the birth of this child, who was alive at 11 A. M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Elora Sonora Carter, who is related to this child as Mother (First name) (Last name) (Mother, etc.)

- 25. Attendant's OWN signature** Elora Sonora Carter M.D. Wife Address Payette, Idaho Date 2-20-43

State of Idaho }
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 32 years, and that Dr. Jones, who attended this birth now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elora Sonora Carter Signature

Payette, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of February, 19 43

(SEAL) Franklin Jones Notary Public residing at Payette County

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 - 1943 by Mary E. Elder, Registrar.

MAR 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

759-101011-712
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

367467
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Boundary</u> (b) City <u>Bonners Ferry</u> (c) Street Address or R.F.D. No. <u>None</u> (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>1</u> years <u>8</u> months <u>12</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Boundary</u> (c) City <u>Bonners Ferry</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs.	
4. FULL NAME OF CHILD <u>Joseph Nicholas Gerl</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		5. Date of Birth of Child (Month, day, year) <u>December 11, 1910</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
6. Sex <u>Male</u> FATHER OF CHILD 10. FULL NAME <u>Joseph Gerl</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>31</u> yrs. 13. Birthplace <u>Wassersuppen Austria</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Millworker</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Agnes Marie Gaspar</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>30</u> yrs. 19. Birthplace <u>Corn Wisconsin</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>yes</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date

AFFIDAVIT

State of Washington } ss.
County of Spokane }

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 62 years of age, that I have known this person for 32 years, and that
Dr. F. E. Fry (First name) (Last name) who attended this birth Deceased (Is now deceased) or (Cannot be located) I further
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.
Agnes Marie Gerl Signature
P. O. Address

Subscribed and sworn to before me this 3rd day of March, 1913
(SEAL) J. R. Barnes Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 - 1943 by Mary E. Eder Registrar.

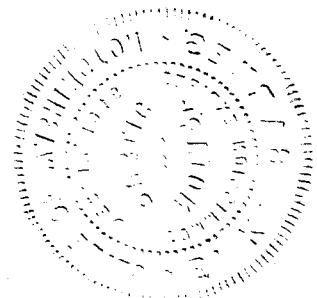
MAR 4 1943

MAY 5 1966
SEP 22 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



853116040-245

367494

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

MAR 4 1943 **CERTIFICATE OF BIRTH**
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No. Hunter St
(d) Name of Hospital of Maternity Home: _____
(e) Mother's stay BEFORE delivery: _____

In Hospital or Maternity Home _____ Days
In THIS county 4 years 4 months _____ days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address (For registration notice):
Mullan Idaho
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Mullan Ida4. FULL NAME OF CHILD Gifford Truman Heltness5. DATE OF BIRTH Dec 16 1910
(Month, day, year)6. Sex boy 7. Twin or Triplet \ If so—born 1st, 2nd, 3rd 18. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Andrew Arns Heltness11. Color or Race W 12. Age at time of THIS birth 47 yrs.13. Birthplace Oslo, Hardanger, Norway
(City or Town) (State or foreign country)14. Exact Occupation Lawyer15. Industry Business Saw Millman

MOTHER OF CHILD

16. FULL MAIDEN NAME Olga Catherine Sundberg17. Color or Race W 18. Age at time of THIS birth 31 yrs.19. Birthplace Varde Sweden
(City or Town) (State or foreign country)20. Exact Occupation House wife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 024. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at 8 a M. on the date _____
(born alive, ~~with~~)and at the place stated above, and that personal particulars were furnished by Gifford Heltness, who is
(First name) (Last name)related to this child as and records
(Mother, etc.)26. (a) MAR 5 - 1943 M. F. Elder
(Date received) (Registrar's signature)25. Attendant's G. W. Rolfs M.D.
OWN signature (D.O., Midwife, etc.)27. Given name added on _____ by _____ and address Mullan Ida Date Feb 8 1943
(Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

MAR 6 1943

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of

.....

.....

(b) Labor: Complications:

.....

..... Induced?

.....

(c) State all operations for delivery

.....

.....

(d) Did baby have any:

(1) Congenital Malformation?

Describe:

(2) Birth Injury?

Describe:

(3) Was mother given a Wasserman before delivered?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

.....

DELETED

945-211-229-235
 United States
 Department of Commerce
 Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **367519**
 Local Reg. No.
 Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Troy,</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>16</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Troy,</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>16</u> yrs.
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4. FULL NAME OF CHILD <u>RUTH RUNYAN</u> 6. Sex <u>female</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd	5. Date of Birth of Child (Month, day, year) <u>SEPT. 11, 1910</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>
---	--

FATHER OF CHILD 10. FULL NAME <u>CHARLES WESLEY RUNYAN</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>39</u> yrs. 13. Birthplace <u>STORY COUNTY, IOWA</u> (City or town) (State or foreign country) 14. Exact Occupation <u>FARMER</u> 15. Industry or Business	MOTHER OF CHILD 16. FULL MAIDEN NAME <u>CORA MAY STEPHENSON</u> 17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth <u>39</u> yrs. 19. Birthplace <u>KEOKUK COUNTY, IOWA</u> (City or town) (State or foreign country) 20. Exact Occupation <u>HOUSEWIFE</u> 21. Industry or Business
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22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is related to this child as
 (Mother, etc.)

25. Attendant's OWN signature State of <u>Idaho</u> County of <u>Latah</u> } ss.	M.D. Midwife Address Date
---	--

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for all her life years, and that Mrs Wm Byers, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora Runyan Signature
Troy, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of March 1943
 (SEAL) [Signature] Notary Public, residing at Troy, Ida
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 - 1943 by Mary Elder, Registrar.

MAR 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

449-201-003-791

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **367549**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 535 S. Arthur
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: _____
IN THIS county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 535 S. Arthur
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Helen May Durand
5. Date of Birth of Child (Month, day, year) Oct. 1, 1910
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Bertrand Arthur Durand
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Buffalo New York
(City or town) (State or foreign country)
14. Exact Occupation mail carrier
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mabel Grass
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Helena Montana
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of Idaho }
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for since birth years, and that Martha Scadden (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 2nd day of March, 1943.

(SEAL) Arthur Bowden Notary Public, residing Sandpoint, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 8 - 1943 by Mary E. Elder, Registrar.

MAR 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

216-215-003-271

367603

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Pocatello

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

at home

(e) Mothers stay BEFORE delivery:

In THIS county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Madison(c) City Thornton

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 21 yrs.3. RESIDENCE OF FATHER (city, state) Thornton, Idaho.4. FULL NAME OF CHILD Violet May Safford

5. Date of Birth of Child

(Month, day, year) October 15, 19106. Sex Female7. Twin or
TripletIf so—born
1st, 2nd, 3rd8. No. months
of Pregnancy 8 mo9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Oscar Warren Safford11. Color white 12. Age at time
or Race of THIS birth 27 yrs.13. Birthplace Camp Floyd Utah
(City or town) (State or foreign country)14. Exact
Occupation Farming15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mable Spaulding17. Color white 18. Age at time
or Race of THIS birth 24 yrs.19. Birthplace Uintah, Utah
(City or town) (State or foreign country)20. Exact
Occupation Housewife.21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by

(First name) (Last name)

who is related as

(Mother, etc.)

25. Attendant's
OWN signatureM.D.
Midwife

Address

Date

State of Idaho
County of Madison } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt of the person whose name appears in Item 4,

(Mother, etc.)

above, that I am now 63 years of age, that I have known this person for 32 years, and thatunknown who attended this birth is now deceased I further

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.Mable Spaulding SignatureRexburg, Idaho P. O. AddressSubscribed and sworn to before me this 5th day of March, 19 43.

(SEAL)

Mary Smith Notary Public, residing at Rexburg, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 - 1943 by Mary E. Elder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

MAR 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

296-230-034-153

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. **367610**
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR - 8 1943

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Minadoka** (b) City **Rupert**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mothers stay **BEFORE** delivery:

In **THIS** county **4** years **7** months **30** days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Minadoka**
(c) City **Rupert**
(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? **Five** yrs.

3. RESIDENCE OF FATHER (city, state) **Rupert, Idaho**

4. FULL NAME OF CHILD **Rachel Isabelle Brown**

5. Date of Birth of Child
(Month, day, year) **Nov. 30, 1910**

6. Sex **Female** 7. Twin or Triplet **No** If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD

10. **FULL NAME** **William Henry Brown**
11. Color or Race **White** 12. Age at time of THIS birth **47** yrs.
13. Birthplace **San Antonio, Texas**
(City or town) (State or foreign country)
14. Exact Occupation **Bookkeeping, Farmers Produce**
15. Industry or Business **ASO.**

MOTHER OF CHILD

16. **FULL MAIDEN NAME** **Isabelle Morrison Petrie**
17. Color or Race **White** 18. Age at time of THIS birth **34** yrs.
19. Birthplace **Lily Glen, Kintore N. B. Canada**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child **Four** (b) Born alive and now living **Three**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **born alive** at **9** A.M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by **Isabelle M. Brown**
(First name) (Last name)
who is related as **Mother**
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address **Peoria, Arizona,** Date **3/3/43**
Midwife

State of **Arizona** }
County of **Maricopa** } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now **Sixty-six** years of age, that I have known this person for **Thirty-two** years, and that
Dr. John B. Kenagy who attended this birth **Is now deceased** I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Isabelle M. Brown Signature

P. O. Address

Subscribed and sworn to before me this **3rd** day of **March**, 19 **43**

(SEAL)

John Meyer Notary Public, residing at **Peoria**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **MAR - 8 1943** by **Paul E. Elder** Registrar.

MAR 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



221-126-025-618

367657

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Stites
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay BEFORE delivery:
IN THIS county 17 years 7 months 18 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Stites
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 17 yrs.
3. RESIDENCE OF FATHER (city, state) Stites Idaho

4. FULL NAME OF CHILD ORVEL ALONZO SKAGGS

5. Date of Birth of Child
(Month, day, year) 7-26-10

6. Sex Male **7. Twin or Triplet** No **If so—born 1st, 2nd, 3rd**

8. No. months of Pregnancy 9 **9. Legitimate?** yes

FATHER OF CHILD

10. FULL NAME John David Skaggs
11. Color White **12. Age at time of THIS birth** 33 yrs.
13. Birthplace Benton County Arkansas
(City or town) (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business Meat Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Olive May Waymire
17. Color White **18. Age at time of THIS birth** 29 yrs.
19. Birthplace Dallas Oregon
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature Washington **M.D.** **Address** **Date**

State of Washington } ss.
County of Casco

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4 above, that I am now 60 years of age, that I have known this person for 31 years, and that Mrs R. A. Tyler, who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Olive May Skaggs Signature
1246 Sycamore, Clarkston P. O. Address

Subscribed and sworn to before me this 25 day of Feb, 1942
(SEAL) Durte Halsey Notary Public, residing at Clarkston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mary Elder Registrar.

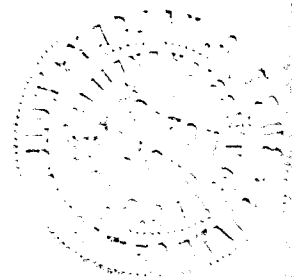
MAR 11 1943

MAR 11 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

413-105-009-367

367685

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Pattatch
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
IN THIS county 21 years 3 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Pattatch
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Pattatch, Ida

4. FULL NAME OF CHILD HARRY LEWIS MACKEY

5. Date of Birth of Child (Month, day, year) March 5th 1910

6. Sex male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd 1st

6. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Charles Orville Mackey
11. Color or Race white 12. Age at time of THIS birth 24 yrs.
13. Birthplace Brownsville Oregon
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Margaret Jane Cox
17. Color or Race white 18. Age at time of THIS birth 21 yrs.
19. Birthplace Princeton, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10.0%

23. Number of children of this mother: (a) At time of birth and including this child 21 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 9 P M. on the date March 5th 1910 and at the place stated above, and that personal particulars were furnished by Margaret Mackey who is related to this child as Mother (Mother, etc.)
25. Attendant's OWN signature J W Thompson M.D. Midwife Address Moscow Idaho Date 3/3/43
State of Idaho County of ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.
I, the undersigned, being first duly sworn, say that I am the Midwife of the person whose name appears in Item 4, above, that I am now 33 years of age, that I have known this person for 10 years, and that J W Thompson, who attended this birth. (First name) (Last name) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
Signature _____ P. O. Address _____
Subscribed and sworn to before me this 3 day of March, 1943
(SEAL) _____ Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on MAR 12 1943 by Marj E Elder, Registrar.

MAR 12 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **367687**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Hootehi (b) City Port Hill
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

4. FULL NAME OF CHILD Arthur Lewis Erlwein

6. Sex Male Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Lewis Wm. Erlwein
11. Color or Race White 12. Age at time of THIS birth 38 yrs.
13. Birthplace La Cross Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Ida. (b) County Hootehi
(c) City Port Hill
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has MOTHER lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Same

5. Date of Birth of Child
(Month, day, year) Oct 26, 1910

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Polzin
17. Color or Race White 18. Age at time of THIS birth 36 yrs.
19. Birthplace La Cross Wisconsin
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at Port Hill M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Minnie Polzin Erlwein, who is
related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of Washington ss.
County of Kearney

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 32 years, and that Mrs. C.A. Lafferty, neighbor, who attended this birth, Deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 129, 1937 Session Laws.

X Minnie Polzin Erlwein Signature

P4, Bx 128-B-1 Seattle, Wn P. O. Address

Subscribed and sworn to before me this 9th day of March, 1943

(SEAL) Myrtle G. Martin Notary Public, residing at Seattle Wn
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

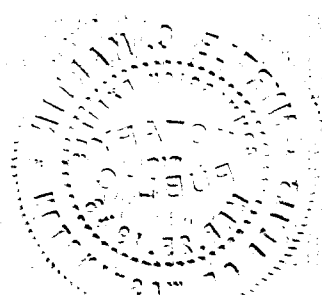
Received for filing on MAR 12 1943 by Maynard E. Elder Registrar.

MAR 12 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

234-230-029-967

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **367745**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Latah** (b) City **Genesee**
(c) Street Address or R.F.D. No. **none**
(d) Name of Hospital or Maternity Home: **none**

(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Latah**
(c) City **Genesee**
(d) Street Address or R.F.D. No. **None**

(e) How long has **MOTHER** lived in Idaho? **6** yrs.

3. RESIDENCE OF FATHER (city, state) **Genesee, Ida.**

4. FULL NAME OF CHILD

Wilma Frances Stucker

6. Sex Female

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

5. Date of Birth of Child
(Month, day, year) **Oct. 30, 1910**

FATHER OF CHILD

10. FULL NAME Otto Franklin Stucker

11. Color White **12. Age at time of THIS birth. 24 yrs.**

13. Birthplace Knoxville Illinois
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alta Leota Rogers

17. Color White **18. Age at time of THIS birth. 32 yrs.**

19. Birthplace Clarinda Iowa
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Cannot recall

23. Number of children of this mother: (a) At time of birth and including this child. 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature

M.D. Address
Midwife

Date

State of **CALIFORNIA**
County of **SAN JOAQUIN** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4, above, that I am now **64** years of age, that I have known this person for **32** years, and that **Dr. Ehlen** who attended this birth. **cannot be located** I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Alta Leota Stucker Signature

c/o 2004 Report Ave., Stockton, California P. O. Address

Subscribed and sworn to before me this **9th** day of **March**, 19**43**

(SEAL)

Alician Backlund Notary Public, residing at **Stockton, Calif.**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **MAR 16 1943** by **Mabel E. Eder** Registrar.

MAR 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

547-203-022-853

367750

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Freemont</u> (b) City <u>Teton</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Freemont</u> (c) City <u>Teton</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>5 3</u> yrs.	
4. FULL NAME OF CHILD <u>Reta Edginton</u>		5. Date of Birth of Child (Month, day, year) <u>March 23, 1910</u>	
6. Sex <u>Girl</u>	7. Twin or Triplet	8. No. months of Pregnancy	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Arthur Francis Edginton</u>		16. FULL MAIDEN NAME <u>Reta Lilly Henderson</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>24</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>28</u> yrs.
13. Birthplace <u>Salt Lake City</u> (City or town) (State or foreign country)		19. Birthplace <u>Teton Idaho</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at M. on the date
(Born alive, or dead)
and at the place stated above, and that personal particulars were furnished by Reta Lilly Edginton
(First name) (Last name)
who is related as Mother
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of Idaho ss.
County of Freemont

I, the undersigned, being first duly sworn, say that I am the Reta Lilly Edginton of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 5 3 years of age, that I have known this person for 28 years, and that
L. S. who attended this birth. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Arthur Francis Edginton Signature
St Anthony P. O. Address

Subscribed and sworn to before me this 13 day of March, 1945
(SEAL) Thomas Hargis Notary Public, residing at Ashton, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1943 by Marj E Elder Registrar.

MAR 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

367824

569-261-025
 United States 855
 Department of Commerce
 Bureau of the Census

Information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
 1942 STATE OF IDAHO

State File No.
 Local Reg. No.
 Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Stites
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home: Home
 (e) Mother's stay **BEFORE** delivery:
 IN THIS county 4 years 2 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
 (c) City Stites
 (d) Street Address or R.F.D. No. ✓
 (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child,
 (Month, day, year) January 21, 1910

4. FULL NAME OF CHILDDorothy Frona Ewing

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? ✓

FATHER OF CHILD

10. FULL NAME Dwight Weaver Ewing
 11. Color or Race White 12. Age at time of THIS birth 22 yrs.
 13. Birthplace Mason City, Nebraska
 (City or town) (State or foreign country)
 14. Exact Occupation Farmer
 15. Industry or Business ✓

MOTHER OF CHILD

16. FULL MAIDEN NAME Theodosia Henderson
 17. Color or Race White 18. Age at time of THIS birth 20 yrs.
 19. Birthplace Redcliff, Colorado
 (City or town) (State or foreign country)
 20. Exact Occupation House Wife
 21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
 23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is
 related to this child as (First name) (Last name)
 (Mother, etc.)

25. Attendant's
OWN signature

M.D.
 Midwife Address

Date

State of Oregon
 County of Umatilla } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 32 years, and that Dr. Snyder who attended this birth. Cannot be located. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dwight Weaver Ewing Signature
Metol Oregon P. O. Address
Oct 19 42

Subscribed and sworn to before me this 15 day of October

(SEAL)

Sam DenisonNotary Public, residing at Pendleton Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 17 1942 by Mary H. Rogers Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

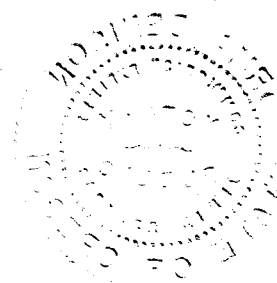
MAR 18 1943

FEB 20 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, ~~when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.~~



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

397-116-040-356
AMENDED
2-22-50

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

Date-File No. 367888
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Enaville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Enaville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

4. **FULL NAME OF CHILD** Mike D. Lightner

3. **RESIDENCE OF FATHER** (city, state) Same
5. Date of Birth of Child
(Month, day, year) Oct. 16, 1910

6 Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Bert O. Lightner
11. Color or Race White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Argos, Ind.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Lefort
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Plymouth, Ind.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 3:A. M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Sarah Lightner
(First name) (Last name)
who is related as mother
(Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Midwife

State of Idaho }
County of Shoshone } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 63 years of age, that I have known this person for 32 years, and that
May Carlson who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Sarah Lightner Signature
Enaville, Idaho P. O. Address

Subscribed and sworn to before me this 31 day of December, 19 42

(SEAL) Mary M. Stout, Notary Public, residing at Kellogg, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 20, 1943 by Mabel F. Elder, Registrar

New York Life Insurance policy submitted as documentary evidence
as to the error in the given name, viewed 2-22-50

Walter H. Scher

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **367888**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **Shoshone** (b) City **Enaville**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **Home**
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county **2** years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **Idaho** (b) County **Shoshone**
(c) City **Enaville**
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? **2** yrs.

3. **RESIDENCE OF FATHER** (city, state) **same**

4. **FULL NAME OF CHILD** **Lightner, De Mond Harvey** 5. Date of Birth of Child (Month, day, year) **Oct. 16, 1910**
6. Sex **male** 7. Twin or Triplet **Triplet** If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME Bert O. Lightner	16. FULL MAIDEN NAME Sarah Lefort	11. Color or Race white	17. Color or Race white
12. Age at time of THIS birth 38 yrs.	18. Age at time of THIS birth 31 yrs.	13. Birthplace Argos Ind. (City or town) (State or foreign country)	19. Birthplace Plymouth Ind. (City or town) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife	15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child.....**4**..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born **alive** at **3 a.m.** on the date **Oct. 16, 1910** and at the place stated above, and that personal particulars were furnished by **Sarah Lightner**, who is related to this child as **Mother** (Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date

State of **Idaho**
County of **Shoshone** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4, above, that I am now **63** years of age, that I have known this person for **32** years, and that **May Carlson**, who attended this birth, **is now deceased** I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Lightner Signature
Enaville Idaho P. O. Address

Subscribed and sworn to before me this **31** day of **Dec.** 19**42**
Commission expires **July 31, 1945** Notary Public, residing at **Kellogg Ida.**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-214, Idaho Code Annotated.)

Received for filing on **MAR 20 1943** by **Spring** Registrar

APR 5 1943

FEB 23 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249-118-001-142

367896

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 422-Idaho St.
(d) Name of Hospital or Maternity Home:
NONE
(e) Mother's stay **BEFORE** delivery:
IN THIS county no years 6 months 7 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 422-Idaho St.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

4. **FULL NAME OF CHILD** LOREN Edward Smith

5. Date of Birth of Child
(Month, day, year) MARCH 18, 1910

6. Sex Male 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos. 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Edward Lee Smith
11. Color white 12. Age at time of THIS birth 41 yrs.
13. Birthplace Weiser Idaho
(City or town) (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Kate Mahala Justus
17. Color white 18. Age at time of THIS birth 40 yrs.
19. Birthplace BARNESVILLE KANSAS
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10:30 A. M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Kate Smith, who is
related to this child as mother
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature Ralph Fallis M.D. Midwife Address Boise Date 3/19-43

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that
....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

.....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1943 by Mary E. Elder, Registrar.

MAR 23 1943
MAR 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-207-025-466

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **369106**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
IN THIS county always months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 1906 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville,

4. FULL NAME OF CHILD Viola, Sadie, Wilson

5. Date of Birth of Child
(Month, day, year) Aug. 7, 1910

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Earl Wilson
11. Color white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Ogden, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary M. Rindy Moore
17. Color white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Ogden, Utah
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(First name) (Last name)

25. Attendant's Dr. Stockton, deceased (Mother, etc.)
OWN signature Midwife Address Date

State of Idaho
County of Idaho }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 57 years of age, that I have known this person for 33 years, and that
Dr. Stockton, who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Mary M. Rindy Wilson Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of March, 1943

(SEAL) Bertie M. Morgan Notary Public, residing at Grangeville, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-514, Idaho Code Annotated.)

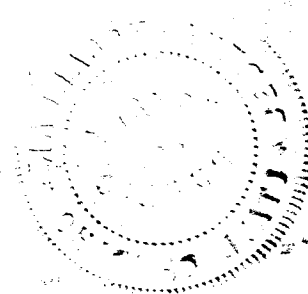
Recorded for filing on MAR 26 1943 by Mary E. Eder Registrar.

MAR 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

125-213-022-449

369117

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Premont (b) City St. Anthony
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 13 years 11 month 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Premont
(c) City St. Anthony
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 13 yrs.
(f) Mother's mailing address St. Anthony R#1

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Lula May Abegglen

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

FATHER OF CHILD
10. FULL NAME Conrad Abegglen
11. Color or Race white 12. Age at time of THIS birth 53 yrs.
13. Birthplace Evendischwand Switzerland
(City or town) (State or foreign country)
14. Exact Occupation truck gardening
15. Industry or Business

5. Date of Birth (Month, day year) May 13 - 1910
8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD
16. FULL MAIDEN NAME Magdalena Murrio
17. Color or Race white 18. Age at time of THIS birth 44 yrs.
19. Birthplace Scherli Bern Switzerland
(City or town) (State or foreign country)
20. Exact Occupation housewife & mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth, and including this child 14 (b) Born alive and now living 11
(c) Born alive and now dead 3 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)

26. (a) MAR 26 1943 (Date received) [Signature] (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D.
and address _____ Date _____ (D.O., Midwife, etc.)

State of Idaho } ss.
County of Premont

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Magdalena Abegglen, being first duly sworn, say that I am the mother of
Lula May Abegglen (Name of person on certificate above) _____, whose birth certificate
(State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Belle Riggs, who attended
(Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 15 day of April, 1943
(SEAL) Ornery, Probate Judge Notary Public, residing St. Anthony, Idaho R#1
Magdalena Abegglen Signature
[Signature] P. O. Address

FEB 25 1972

MAR 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

439-309-014-763

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369119
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) Cityampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) StateIdaho (b) CountyCanyon
(c) Cityampa
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? yrs.

4. FULL NAME OF CHILD Bernice Irene Ulrich
6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state)ampa, Idaho
5. Date of Birth of Child (Month, day, year) 1-9-1910
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME P. R. Ulrich
11. Color or Race white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Eretta Pollock
17. Color or Race white 18. Age at time of THIS birth 19 yrs.
19. Birthplace Nebraska (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sal. of nit.
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by P. R. Ulrich, who is related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature J. H. Murray M.D. Addressampa, Ida DateMar 20 1943
State of ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4 above, that I am now years of age, that I have known this person for years, and that Dr. J. H. Murray, who attended this birth, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this day of 19 (SEAL) Notary Public, residing at (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1943 by Registrar.

MAR 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

966-216-008-434 369130 369130

United States (Be sure the information is as of date of birth of THIS child.) State File No.
Department of Commerce Local Reg. No.
Bureau of the Census Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Boise (b) City Placerville
(c) Street Address or R.F.D. No. X
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Placerville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 66 yrs.

3. **RESIDENCE OF FATHER** (city, state) 5. Date of Birth of Child Sept. 16th 1910
(Month, day, year)

6. Female 7. Twin or Triplet If so—born 8. No. months of Pregnancy 9. Legitimate?
1st, 2nd, 3rd

FATHER OF CHILD **MOTHER OF CHILD**

10. **FULL NAME** Chas. F. Rowe 16. **FULL MAIDEN NAME** Mary Josephine M. Smith
11. Color or Race White 12. Age at time of THIS birth 32 yrs. 17. Color or Race White 18. Age at time of THIS birth 32 yrs.
13. Birthplace Youngstown Ohio (City or town) (State or foreign country) 19. Birthplace Idaho City Idaho (City or town) (State or foreign country)
14. Exact Occupation 20. Exact Occupation Housewife
15. Industry or Business Meat Contractor 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Josephine Rowe
who is related as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Josephine Kinley M.D. Address P. H. Nurse Date 3/25-43
State of Idaho County of Boise ss. Midwife

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
above, that I am now 66 years of age, that I have known this person for 00 years, and that
Josephine Kinley who attended this birth. (First name) (Last name)
(Is now deceased) or (Cannot be located) I further
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this 26th day of March, 1943.
(SEAL) William M. Brown Clerk of Court, County of Boise, State of Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

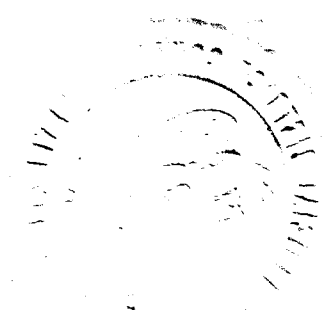
Received for filing on MAR 26 1943 by Mary Elder Registrar.

MAR 29 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

693-124-86-693

369109

369159

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Belmyn Augustus Wicks

5. Date of Birth of Child Apr 24, 1910
(Month, day, year)

6. Sex Male **7. Twin or Triplet** **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME William Hale Wicks
11. Color or Race Wh **12. Age at time of THIS birth** 28 yrs.
13. Birthplace Dacator, Illinois
(City or town) (State or foreign country)
14. Exact Occupation Professor
15. Industry or Business University of Idaho

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Helen Mary Wilson
17. Color or Race Wh **18. Age at time of THIS birth** 30 yrs.
19. Birthplace Corvallis, Oregon
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 33 years, and that attending physician cannot be located who attended this birth. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 132, 1937 Session Laws.

William Hale Wicks Signature

Subscribed and sworn to before me this 1st day of April, 1913

P. O. Address

(SEAL)

David A. Beach Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1943 by David E. Elder Registrar.

APR 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



259-215-004292

(Be sure the information is as of date of birth of THIS child.)

369193

369193

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City La Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: residence
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 16 years ☒ months ☒ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City La Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.
3. **RESIDENCE OF FATHER** (city, state) La Montpelier, Ida.

4. **FULL NAME OF CHILD** Gertrude Berry
5. Date of Birth of Child (Month, day, year) Dec. 15, 1910
6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd ☒
8. No. months of Pregnancy 9 9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|--|---------------------------------------|--|
| 10. FULL NAME <u>Adam LaMar Berry</u> | 16. FULL MAIDEN NAME <u>Julia LaRue Bissegger</u> | 17. Color <u>white</u> | 18. Age at time of THIS birth <u>18</u> yrs. |
| 11. Birthplace <u>Single</u> (City or town) <u>Idaho</u> (State or foreign country) | 19. Birthplace <u>Providence, Utah</u> (City or town) (State or foreign country) | 20. Exact Occupation <u>Housewife</u> | 21. Industry or Business <u>"</u> |
| 12. Color <u>white</u> | 13. Age at time of THIS birth <u>24</u> yrs. | 22. Exact Occupation <u>"</u> | 23. Industry or Business <u>"</u> |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)
25. Attendant's **OWN** signature..... M.D. Address Date
Midwife

AFFIDAVIT

- State of Idaho } ss.
County of Bear Lake }
- (To be completed when the attendant does not sign in Item 25.)
- I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 50 years of age, that I have known this person for 32 years, and that
Dr. D'Am Pynter who attended this birth. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.
Julia LaRue Berry Signature
P. O. Address
Subscribed and sworn to before me this 24 day of April, 1913
(SEAL) Heri Cleaved Notary Public, residing at Montpelier, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on..... by....., Registrar.

SEP 24 1974

APR 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

418-226-032-959

369221

369221

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

**CERTIFICATE OF BIRTH
STATE OF IDAHO**

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lincoln (b) City Richfield
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
Parent's home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 1 years 5 months 12 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Richfield (b) County Lincoln
(c) City Idaho
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
3. **RESIDENCE OF FATHER** (city, state) Richfield, Ida.

4. **FULL NAME OF CHILD** Beatrice Marion May
5. Date of Birth of Child
(Month, day, year) July 26, 1910
6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Percy May
11. Color White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Haselmere England
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business None

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Beatrice Mary Reilly
17. Color White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Granard Ireland
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive six P.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Percy May, who is related to this child as father
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Q L Hum M.D. Midwife Address Boise Date 4/20/43

State of..... ss.
County of.....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that....., who attended this birth..... I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)..... Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 24 1943 by Marj F. Elder, Registrar.

APR 24 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

854-108.001-386

369-733

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **869233**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Clement Hedges
5. Date of Birth of Child Apr. 8, 1910
(Month, day, year)
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** John W. Hedges
11. Color or Race W 12. Age at time of THIS birth 34 yrs.
13. Birthplace Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** May Thomas
17. Color or Race white 18. Age at time of THIS birth 28 yrs.
19. Birthplace Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Address Date
Idaho Midwife

- State of Idaho } ss.
County of Ada }
- AFFIDAVIT**
(To be completed when the attendant does not sign in Item 25.)
- I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 60 years of age, that I have known this person for life years, and that
As Payne who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

- Subscribed and sworn to before me this 30 day of April, 1910
(SEAL) Phelicia Ambrose Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

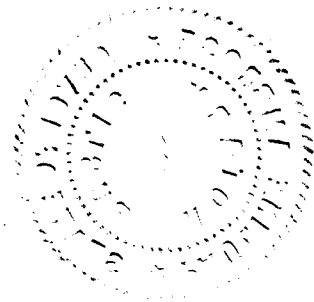
- Received for filing on Apr. 30, 1910 by Marj Hedges, Registrar.

APR 30 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

619-215-042-794

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **369272**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Twin Falls (b) City Filer
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:

(e) Mothers stay **BEFORE** delivery:
In **THIS** county years 3 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Twin Falls
(c) City Filer Idaho
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 3 1/2 mo's yrs

3. RESIDENCE OF FATHER (city, state) Filer Idaho

4. FULL NAME OF CHILD Wilma May Ward

5. Date of Birth of Child
(Month, day, year) Dec 15-1910

6. Sex Female 7. Twin or Triplet
If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Walter Ward
11. Color White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Schuyler Nebraska
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Mathilda Gruetzmacher
17. Color White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Sommerset Stehle Minnesota
(City or town) (State or foreign country)
20. Exact Occupation Farmers Daughter
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 10 - P M. on the date
(Born alive, stillborn) Martha Ward
and at the place stated above, and that personal particulars were furnished by Martha (First name) (Last name)
who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife Deceased

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.) above, that I am now 65 years of age, that I have known this person for all her life years, and that
Dr. Chas. Wetherbee who attended this birth Deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Martha Ward Signature

P. O. Address

Subscribed and sworn to before me this 26 day of March, 1943

(SEAL)

G. S. Henson Notary Public, residing at Twin Falls
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1943 by Martha Elder Ida Registrar.

APR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-213-022415

369317

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Tremont (b) City Squirrel
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 3 years 8 months 7 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Tremont
(c) City Squirrel
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? Four yrs.
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Henry William Berry
5. Date of Birth of Child 1-18-1910
(Month, day, year)
6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Gilbert L. Berry
11. Color white 12. Age at time of THIS birth 31 yrs.
13. Birthplace West Winfield, New York
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business _____
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Catharine Davies
17. Color white 18. Age at time of THIS birth 28 yrs.
19. Birthplace Elion, New York
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by Catharine Berry who is related as mother (First name) (Last name)

25. Attendant's **OWN** signature E. L. Hargis M.D. _____ Address Ashton, Idaho Date 8-20-43
Midwife _____

- State of California ss. **AFFIDAVIT**
County of Riverside

- (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 33 years, and that Dr. E. L. Hargis, who attended this birth, cannot be located. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

- (First name) (Last name) (If now deceased) or (Cannot be located)
Signature Gilbert L. Berry
3895 Walnut St., Riverside, California.
P. O. Address _____

- Subscribed and sworn to before me this 8th day of March, 19 43
My commission expires 1/16/44. J. B. Logan, Notary Public, residing at Riverside, California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

- Received for filing on APR 2 1943 by Marion E. Logan, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

997-124-025-993

369327

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Whiteland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
IN THIS county 9 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Whiteland
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 1/4 yrs.
3. **RESIDENCE OF FATHER** (city, state) Whiteland, Ida.

4. **FULL NAME OF CHILD** Samuel Riggs
7. Twin or Triplet No - born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Sept. 24, 1910
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Lane William Riggs
11. Color White 12. Age at time of THIS birth 46 yrs.
13. Birthplace Creston Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Annie Luella Richey
17. Color White 18. Age at time of THIS birth 37 yrs.
19. Birthplace Kingsport Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date
State of Idaho County of Nez Perce } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 32 years, and that Mrs. O.A. Richey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Annie Riggs Signature
1846-Main-Street Lewiston, Idaho. P. O. Address

Subscribed and sworn to before me this 10th day of March, 1943.
(SEAL) C. C. Linde Notary Public, residing at Lewiston, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

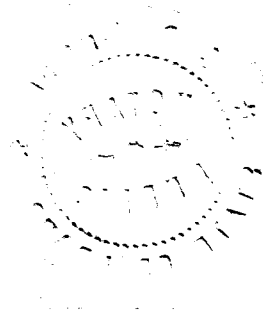
Received for filing on APR 2 1943 by Mary E. Elder Registrar.

APR 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

219-216-039 168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **369336**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Potlatch
(c) Street Address or R.F.D. No. 815 Pine St.
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years 2 months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Potlatch
(d) Street Address or R.F.D. No. 815 Pine St.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Potlatch, Idaho

4. FULL NAME OF CHILD

Vera Dorothy Bardgett

5. Date of Birth of Child

(Month, day, year) Dec. 16, 1919

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Thomas Edward Bardgett

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Black Rock, New York

(City or town) (State or foreign country)

14. Exact Occupation Storage Battery Export

15. Industry or Business Lumbering

MOTHER OF CHILD

16. FULL MAIDEN NAME

Daisy Luendrup Johnson

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Calcutta, India

(City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. X

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature

M.D.

Midwife Address

Date

State of Latah
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Wife of the person whose name appears in Item 4, above, that I am now 34 years of age, that I have known this person for 32 years, and that Dr. E. T. Hen, who attended this birth is now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna B. Johnson
Potlatch, Idaho

Signature

P. O. Address

Subscribed and sworn to before me this 10th day of March, 1943

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1943 by Marv E. Elden, Registrar.

APR 3 1943.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

694-113-225-165

369434

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County..... (b) City Harrisburg
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: At Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 4 years 6 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County.....
(c) City Harrisburg
(d) Street Address or R.F.D. No. Gen. Del. Homestead
(e) How long has **MOTHER** lived in Idaho? 4 1/2 yrs.

4. FULL NAME OF CHILD

Gervan Le Clair Winman

5. Date of Birth of Child
(Month, day, year) Aug. 13-1910

6. Sex Male **7. Twin or Triplet** — **8. No. months of Pregnancy** 8 **9. Legitimate?** yes.

FATHER OF CHILD

10. FULL NAME Edgar Herald Winman
11. Color or Race white **12. Age at time of THIS birth** 42 yrs.
13. Birthplace Kentucky (City or town) (State or foreign country)
14. Exact Occupation Bap. Minister
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Jones
17. Color or Race white **18. Age at time of THIS birth** 28 yrs.
19. Birthplace Meriden Conn. (State or foreign country) Kansas
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. ..
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at 3 P. M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
who is related as Mother (Mother, etc.)

25. Attendant's OWN signature Deceased **Midwife** Address Date

State of California County of Alameda ss. **AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
above, that I am now 62 years of age, that I have known this person for 33 years, and that
Midwife (First name) (Last name) who attended this birth cannot be located. I further
(Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Anna Jones Winman Brooks Signature
615 Sycamore Oakland Calif Address

Subscribed and sworn to before me this 20th day of March, 1943

(SEAL) Opal C. Hodge Notary Public, residing at Oakland Calif
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires July 18, 1946

Received for filing on APR 6 1943 by Wm. J. Elder Registrar.

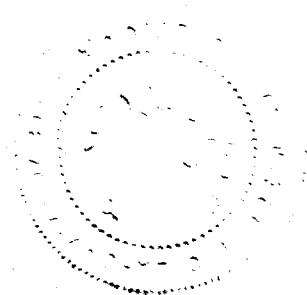
AUG 15 1974

APR 6 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **369463**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Twin Falls</u> (b) City <u>Twin Falls</u> (c) Street Address or R.F.D. No. <u>1</u> (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>3</u> years <u>7</u> months <u>4</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Twin Falls</u> (c) City <u>Twin Falls</u> (d) Street Address or R.F.D. No. <u>1</u> (e) How long has MOTHER lived in Idaho? <u>3 yrs 7 mos</u>	
4. FULL NAME OF CHILD <u>Mildred Fern Patz</u>		5. Date of Birth of Child (Month, day, year) <u>Nov 19, 1910</u>	
6. Sex <u>Female</u> 7. Twin or Triplet <input checked="" type="checkbox"/> If so—born <u>1st, 2nd, 3rd</u>		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Carl Frederick Patz</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>36</u> yrs. 13. Birthplace <u>Del Norte, Colorado</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farming own farm</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Minnie Darlena Griffith</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>29</u> yrs. 19. Birthplace <u>David City, Nebraska</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business <u>Own home</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Ag 703 - 1%</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 8 P.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Minnie Patz, who is related to this child as mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature J. G. Pike M.D. Midwife Address Capland, Calif Date 3/20/43

State of IDAHO
County of TWIN FALLS } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 32 years, and that Dr. Walter Pike who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Darlena Patz Signature
P. O. Address

Subscribed and sworn to before me this 3rd day of March 1943
(SEAL) Thos. J. [Signature] Notary Public, residing at Twin Falls Idaho
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1943 by Mary E. [Signature] Registrar.

APR 4 1973

APR 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

755-207-014-958

369496

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Canyon</u> (b) City <u>Folk</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county years <u>11</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Folk</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>11 Mo.</u> yrs.	
4. FULL NAME OF CHILD <u>Zora</u> <u>Penson</u>		5. Date of Birth of Child (Month, day, year) <u>Nov. 7, 1910</u>	
6. Sex <u>Female</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Gustavus George Penson</u>		16. FULL MAIDEN NAME <u>Anna Mary Reynolds</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>40</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>33</u> yrs.
13. Birthplace <u>California City Missouri</u> (City or town) (State or foreign country)		19. Birthplace <u>Birmingham Iowa</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>House wife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. <u>Boric Acid</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>yes</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Elenora Midwife

AFFIDAVIT

State of Colorado } ss.
County of Denver

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 66 years of age, that I have known this person for 32 years, and that
....., who attended this birth. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this 4th day of April, 1943
Mission Expires May 22, 1945
(SEAL) Wm R Shown Notary Public, residing at La Pluma Colorado
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1943 by Mary E Elder, Registrar.

JAN 8 1976

APR 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

556-107.028443

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **369512**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Kootenai</u> (b) City <u>Coeur d' Alene</u> (c) Street Address or R.F.D. No. <u>Coeur d' Alene</u> (d) Name of Hospital or Maternity Home: <u>at own personal home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>5</u> years <u>6</u> months <u> </u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Kootenai</u> (c) City <u>Coeur d' Alene</u> (d) Street Address or R.F.D. No. <u>Coeur d' Alene</u> (e) How long has MOTHER lived in Idaho? <u>5</u> yrs.	
4. FULL NAME OF CHILD <u>Marvin Gerald Newell</u>		3. RESIDENCE OF FATHER (city, state) <u>same as above.</u>	

5. Date of Birth of Child <u>Oct. 7, 1910</u> (Month, day, year)				
6. Sex <u>male</u>	7. Twin or Triplet <u> </u>	If so—born 1st, 2nd, 3rd <u> </u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Charles Alfred Newell</u>	16. FULL MAIDEN NAME <u>Ida Bell Ducker</u>	17. Color <u>white</u>	18. Age at time of THIS birth <u>36</u> yrs.
11. Birthplace <u>Correctionville, Iowa</u> (City or town) (State or foreign country)	19. Birthplace <u>St. Johns, Ohio</u> (City or town) (State or foreign country)	20. Exact Occupation <u>Farmer</u>	21. Exact Occupation <u>Housewife</u>
12. Color <u>white</u>	22. Age at time of THIS birth <u>40</u> yrs.	23. Industry or Business <u>none</u>	24. Industry or Business <u>none</u>

22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>	23. Number of children of this mother: (a) At time of birth and including this child <u>9</u> (b) Born alive and now living <u>6</u>
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ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at 3:p.m. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Charles Newell who is related as father. (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Idaho M.D. Address Date
Midwife

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father. of the person whose name appears in Item 4, (Mother, etc.)
above, that I am now 72 years of age, that I have known this person for 32 years, and that
(First-name) (Last name) who attended this birth (Is now deceased) or (Cannot be located) I further
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Newell Signature
P. O. Address

Subscribed and sworn to before me this 29th day of March, 19 43
(SEAL) John W. Book Notary Public, residing at Coeur d'Alene Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1943 by Marv F Elder Registrar.

APR 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1943 APR 14 11 17

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

819-206-044-389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **369590**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: 0
(e) Mother's stay **BEFORE** delivery:
IN THIS county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
3. **RESIDENCE OF FATHER** (city, state) Cambridge, Ida.

4. **FULL NAME OF CHILD** FREDA PAULINE HARRELL
7. Twin or Triplet 0 If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) June 6, 1910
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Thomas Amery Harrell
11. Color White 12. Age at time of THIS birth 51 yrs.
13. Birthplace Davis County, Indiana
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Martha Ann Childers
17. Color White 18. Age at time of THIS birth 39 yrs.
19. Birthplace Sam's Valley, Oregon
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child...7..... (b) Born alive and now living...7.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 33 years, and that Dr. Chas. Schmitz, who attended this birth, is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maritia Harrell Signature
Cambridge, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of April, 1943.
(SEAL) Margaret Vogel Notary Public, residing at Cambridge, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1943 by Mary E. Eder, Registrar.

APR 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)
CERTIFICATE OF BIRTH
STATE OF IDAHO

369606
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Rootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 920 D St.
(d) Name of Hospital or Maternity Home at Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 29 years 20 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Rootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 920 D St.
(e) How long has **MOTHER** lived in Idaho? 79 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene, Ida.
5. Date of Birth of Child (Month, day, year) Aug. 10, 1910
6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

10. **FULL NAME** John Paul Jones
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Clayton, Minn. (City or town) (State or foreign country)
14. Exact Occupation Electrician
15. Industry or Business Lumber

16. **FULL MAIDEN NAME** Blanche Olean Boughton
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Minneapolis, Minn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 8 A.M. on the date
(Born alive, stillborn) Blanche Jones
and at the place stated above, and that personal particulars were furnished by Blanche Jones
who is related as mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Dr. P. J. Scallon M.D. Address 837 So. Oakland Date Apr 12, 1945
Midwife

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
above, that I am now 58 years of age, that I have known this person for 33 years, and that
Dr. P. J. Scallon (First name) (Last name), who attended this birth is now deceased I further
(Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Subscribed and sworn to before me this 12th day of April, 1945
(SEAL) H. M. Lawer Notary Public, residing at Tacoma
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

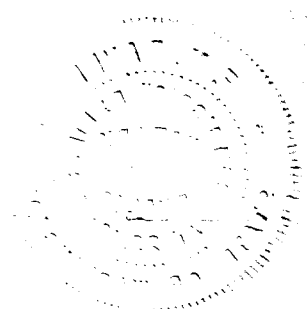
Received for filing on APR 16 1945 by Mabel E. Elden Registrar.

APR 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

766-114.036-792

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **369612**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Samaria
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years 1 months 1 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Power
(c) City Arbon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

4. **FULL NAME OF CHILD** Thyrum Ray Powell
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Arbon Ida.
5. Date of Birth of Child (Month, day, year) August 14, 1910
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Thyrum L. Powell
11. Color or Race white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Samaria (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Emeline Gibbons
17. Color or Race white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Ogden (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Utah } ss.
County of Boole

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
above, that 55 years of age, that I have known this person for 33 years, and that
Cassy Hamblin (Last name), who attended this birth deceased I further
state that the information on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Mrs. H. L. Powell Signature
260 S. 1st West Toole ut P. O. Address

Subscribed and sworn to before me this 12 day of april, 1943
(SEAL) Hermon Pearson Notary Public, residing at Boole-Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1943 by Marj E. Eldon, Registrar.

APR 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

135-223-042-523

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

369631
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City House Creek
(c) Street Address or R.F.D. No. 3 Creek Stage
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county _____ years _____ months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City House Creek
(d) Street Address or R.F.D. No. Stage
(e) How long has MOTHER lived in Idaho? 20 yrs.
3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Laura Jane Alexander

5. Date of Birth of Child
(Month, day, year) April 23 1910

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Clinton Alexander
11. Color W 12. Age at time of THIS birth 28 yrs.
13. Birthplace Penn.
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Helen Estes
17. Color W 18. Age at time of THIS birth 20 yrs.
19. Birthplace Rock Creek Idaho
(City or town) (State or foreign country)
20. Exact Occupation Hswife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11.00 a.m. on the date _____ (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____
Midwife _____ Address Twin Falls, Date _____
State of Idaho County of Twin Falls } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 33 years, and that no attendant, who attended this birth with this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary H. Clark Signature
Three Creek, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of March, 1943.
(SEAL) Notary Public, residing at Twin Falls, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated)

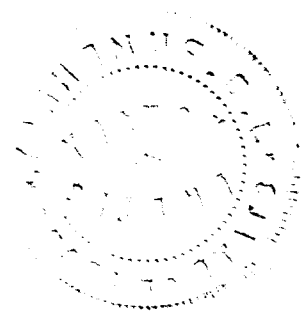
Received for filing on March 12 1943 by [Signature] Registrar.

APR 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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616-217-010-243

369632

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Irwin
(c) Street Address or R.F.D. No. no
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery: mother born U.S.A.
In **THIS** county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Irwin
(d) Street Address or R.F.D. No. no
(e) How long has **MOTHER** lived in Idaho? born there
3. **RESIDENCE OF FATHER** (city, state) Irwin, Idaho

4. **FULL NAME OF CHILD** Sarah Ann Fawson
5. Date of Birth of Child December, 17th,
(Month, day, year) 1910
6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd no 8. No. months of Pregnancy no 9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|-------------------------------|--|-------------------------------|--|
| 10. FULL NAME | <u>John William Fawson</u> | 16. FULL MAIDEN NAME | <u>Sarah Ann Butler</u> |
| 11. Color or Race | <u>White</u> | 17. Color or Race | <u>White</u> |
| 12. Age at time of THIS birth | <u>33</u> yrs. | 18. Age at time of THIS birth | <u>33</u> yrs. |
| 13. Birthplace | <u>Grantsville Utah</u>
(City or town) (State or foreign country) | 19. Birthplace | <u>Soda Springs Idaho</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation | <u>Farmer</u> | 20. Exact Occupation | <u>Housewife</u> |
| 15. Industry or Business | <u>XX</u> | 21. Industry or Business | <u>.</u> |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Laura Weeks, midwife, deceased on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Sarah Ann Butler Fawson
(First name) (Last name)
who is related as mother
(Mother, etc.)

25. Attendant's OWN signature X X M.D. Address Date
Midwife

- State of California } ss.
County of Los Angeles

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

- I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 66 years of age, that I have known this person for all her life years, and that
Baura Weeks, midwife who attended this birth deceased I further
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Sarah Ann Butler Fawson signature
1775 Molino, Long Beach, Calif Address

Subscribed and sworn to before me this 9th day of April, 19 43

(SEAL)

Nelda L. Myers Public, residing at Long Beach, Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires June 10, 1943

Received for filing on APR 19 1943 by Mary E. Edger Registrar.

NOV 16 1967

FEB 27 1968

APR 8 1969

APR 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-104-028-689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **369648**

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Spirit Lake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: privet home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Spirit Lake
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 months

4. **FULL NAME OF CHILD** Jack C Scranton
7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Spirit Lake Idaho
5. Date of Birth of Child (Month, day, year) Dec. 4, 1910
8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Marven Luther Scranton
11. Color or Race White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Minnedoka Minnesota
(City or town) (State or foreign country)
14. Exact Occupation Common Labor
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Winnie Mae Whitney
17. Color or Race White 18. Age at time of THIS birth 18 yrs.
19. Birthplace Deer Park Wash
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 10 P. M. on the date (Born alive, stillborn) Winnie May Reel who is related as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature Bessie Irene Quirk M.D. Address Cataldo Idaho Date Apr 13, 1943
Midwife
State of _____ County of _____ ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____.

(SEAL)

_____, Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 19 1943 by Mary E Elder, Registrar.

APR 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded; or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Potlatch
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
None
(e) Mother's stay BEFORE delivery:
IN THIS county years 0 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Potlatch
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? yrs.

4. FULL NAME OF CHILD Mildred Lucile Weeks

3. RESIDENCE OF FATHER (city, state) Potlatch, Idaho
5. Date of Birth of Child (Month, day, year) Dec 2nd 1910

6. Sex Female 7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Home. Hiram. Weeks
11. Color white 12. Age at time of THIS birth 28 yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation Bookkeeper.
15. Industry or Business Lumber.

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Gertrude Lane
17. Color White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Providence, R.I. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argrol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive 11 A. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Emma Gertrude Weeks who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature J.W. Thompson M.D. None Address Moscow Idaho Date April 3rd 1943

State of Washington County of Columbia ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that J. W. Thompson who attended this birth is alive I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Gertrude Weeks Signature
P.O. Address

Subscribed and sworn to before me this 19th day of April, 19 43
(SEAL) John W. Thompson court commissioner residing at Pomeroy, Wash
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1943 by Marie E. Elder Registrar.

369685

APR 21 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

412-215-1003-449

369690

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Bannock** (b) City **Pocatello**
(c) Street Address or R.F.D. No. **West First Str.,**
(d) Name of Hospital or Maternity Home:
At home
(e) Mothers stay BEFORE delivery: **6 months**
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Bannock**
(c) City **Pocatello**
(d) Street Address or R.F.D. No. **on first Street**
(e) How long has MOTHER lived in Idaho? **12** yrs.

3. RESIDENCE OF FATHER (city, state) **Pocatello, Idaho**4. FULL NAME OF CHILD **Edith Madeline Mable**5. Date of Birth of Child **April 15, 1910**
(Month, day, year)6. Sex **Female** 7. Twin or Triplet **no** If so—born 1st, 2nd, 3rd8. No. months of Pregnancy **9 months** Legitimate? **Yes**

FATHER OF CHILD

10. FULL NAME **James Carrol Mable**
11. Color **White** 12. Age at time of THIS birth **24** yrs.
or Race
13. Birthplace **Fort Collins, Colorado**
(City or town) (State or foreign country)
14. Exact Occupation **Oil Mechanic**
15. Industry or Business **Shell Oil Company**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Myrtle Jane Murphy**
17. Color **White** 18. Age at time of THIS birth **20** yrs.
or Race
19. Birthplace **Wauhatchie, Tennessee**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business **Housewife**

22. Name prophylactic used to prevent Ophthalmia Neonatorum. **No**
23. Number of children of this mother: (a) At time of birth and including this child **one** (b) Born alive and now living **one**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **born** at **8** P.M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by **Myrtle Jane Murphy Mable**
(First name) (Last name)
who is related as **none** (Mother, etc.)

25. Attendant's OWN signature **Ann W. Bird** Address **655 South 6th Ave.,** Date **April 7-43**
California **Pocatello, Idaho**
State of **California** ss.
County of **Los Angeles**

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now **33** years of age, that I have known this person for **33** years, and that
Ann W. Bird who attended this birth. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature **Myrtle Jane Murphy Mable**P. O. Address **1000 West Mountain**City **Shoshone**Notary Public, residing at **Shoshone, Calif.**

NOTARY PUBLIC
Subscribed and sworn to before me this **15th** day of **April**, 19**43**
(SEAL) **Shoshone, California**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **APR 20 1943** by **Marie S. Edgar** Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

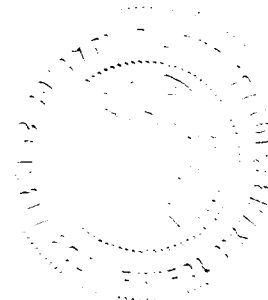
JUN 13 1974

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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253-1091009-714

369701

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bonner</u> (b) City <u>Sanpoint</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Cabinets</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bonner</u> (c) City <u>Cabinets</u> (d) Street Address or R.F.D. No. <u>P.O. Box 55</u> (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>Seilo Anders Beck</u>		5. Date of Birth of Child <u>4-9-1910</u> (Month, day, year)	
6. Sex <u>Male</u>		8. No. months of Pregnancy <u>9</u>	
7. <u>Twin or Triplet</u> If so—born 1st, 2nd, 3rd		9. Legitimate? <u>yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Herman Beck</u>		16. FULL NAME <u>Ida J. Paulson</u>	
11. Color <u>white</u>		17. Color <u>white</u>	
12. Age at time of THIS birth <u>21</u> yrs.		18. Age at time of THIS birth <u>30</u> yrs.	
13. Birthplace <u>Finland</u> (City or town) (State or foreign country)		19. Birthplace <u>Finland</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Lumber worker</u>		20. Exact Occupation <u>House wife</u>	
15. Industry or Business _____		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
Midwife

State of _____ } ss.
County of _____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 30 years, and that _____, who attended this birth _____ I further state that _____
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before this 14th day of April, 1943
(SEAL) Notary Public, Lake County, Minn. _____ Signature _____
P. O. Address _____
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-374, Idaho Code Annotated.)

Received for filing on _____ by Marj Felder, Registrar.

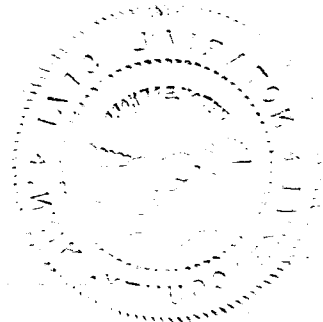
APR 21 1943

APR 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received and filed by the local registrar for record in~~ the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



251 213 009-744

370822

United States

(Be sure the information is as of date of birth of THIS child.)

State File No.

Department of Commerce

Local Reg. No.

Bureau of the Census

CERTIFICATE OF BIRTH

Reg. Dist. No.

STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Bonner** (b) City **Priest River**(c) Street Address or R.F.D. No. **None**

(d) Name of Hospital or Maternity Home:

None(e) Mothers stay **BEFORE** delivery:In **THIS** county **8** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Bonner**(c) City **Priest River**(d) Street Address or R.F.D. No. **None**(e) How long has **MOTHER** lived in Idaho? **8** yrs.3. RESIDENCE OF FATHER **Priest River, Idaho**

4. FULL NAME

OF CHILD **Charles Curtiss Beardmore**

5. Date of Birth of Child

(Month, day, year) **Nov. 13, 1910**6. Sex **Male**

7. Twin or

Triplet **No**

If so—born

1st, 2nd, 3rd

8. No. months

of Pregnancy **9**9. Legitimate? **Yes**

FATHER OF CHILD

10. FULL

NAME **Charles Wolcott Beardmore**

11. Color

White

12. Age at time

of THIS birth **36** yrs.

13. Birthplace

Vineland, Wisconsin

(City or town)

(State or foreign country)

14. Exact

Occupation **Lumberman**

15. Industry or

Business **Lumber**

MOTHER OF CHILD

16. FULL MAIDEN

NAME **Lucy Emily Gumaer**

17. Color

White

18. Age at time

of THIS birth **29** yrs.

19. Birthplace

Shawano, Wisconsin

(City or town)

(State or foreign country)

20. Exact

Occupation **Housewife**

21. Industry or

Business **None**22. Name prophylactic used to prevent Ophthalmia Neonatorum **Don't know**23. Number of children of this mother: (a) At time of birth and including this child **4** (b) Born alive and now living **3**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by

(First name)

(Last name)

who is related as

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Address

Date

Midwife

State of **Idaho**County of **Nez Perce**

ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4, (Mother, etc.) above, that I am now **61** years of age, that I have known this person for **since birth** years, and that**Dr. Earl Prindle** (First name) (Last name), who attended this birth **is now deceased** I further (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.**Lucy Emily Beardmore** Signature**Priest River, Idaho** P. O. AddressSubscribed and sworn to before me this **20** day of **April**, 19**43**.

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code annotated.) **George W. Beardmore** Notary Public, residing at **Lewiston**Received for filing on **APR 26 1943** by **Marjorie E. Elder** Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 12 1943,

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

395 214029323

370832

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 1 years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

4. **FULL NAME OF CHILD** Thelma Idaho Crea
6. Sex Female
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —

3. **RESIDENCE OF FATHER** (city, state) Cottonwood Idaho
5. Date of Birth of Child (Month, day, year) November 14 - 1910
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** James Bowman Crea
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Granville Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Orna Ellen Estill
17. Color or Race White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Bieber, Lassen Co. California
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 107 anhydrous
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 4 P.M. on the date and at the place stated above, and that personal particulars were furnished by James Bowman Crea who is related as Father (Mother, etc.)
25. Attendant's OWN signature J. D. Shinnick M.D. Midwife Address Granville Idaho Date 4-22-1943

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for years, and that Thelma Idaho (First name) Crea (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address
Subscribed and sworn to before me this day of , 19 .

(SEAL) , Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1943 by Mary E. Elder, Registrar.

APR 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-215009-238

United States
Department of Commerce
Bureau of the Census

APR 26 1948

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **370841**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Landpoint
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Landpoint
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Cleo Catherine Jones
5. Date of Birth of Child (Month, day, year) 9/15/1910
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Benjamin Charles Jones
11. Color White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Ada Mae Schneiderman
17. Color White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at P.M. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Daisy Melkison who is related to this child as Grandmother (First name) (Last name)
25. Attendant's OWN signature Idaho Crandall M.D. Midwife Address Uplington Bon Date April 20

State of } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for since birth years, and that Idaho Crandall, who attended this birth, (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 20 day of April, 1947 at Washington
(SEAL) Henry C Fox Notary Public, residing at Seattle
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 26 1948 by Mary Elder, Registrar.

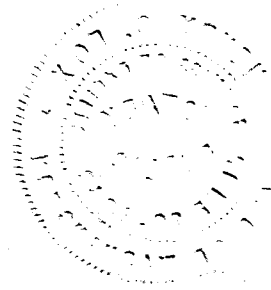
APR 18 1961

APR 22 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



554116 009 463

United States

Department of Commerce

Bureau of the Census

APR 26 1943

I hereby certify the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 370859

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bonner (b) City Priest River
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home:

(e) Mothers stay BEFORE delivery:

In THIS county 3 years 3 months 3 days

4. FULL NAME OF CHILD

Archie Raymond Newcomb6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Ida (b) County Bonner
 (c) City Priest River
 (d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 3 yrs.3. RESIDENCE OF FATHER (city, state) Priest River5. Date of Birth of Child (Month, day, year) Oct 16 19108. No. months of Pregnancy 9 months legitimate? yes

10. FULL NAME FATHER OF CHILD

Archie Michael Newcomb

11. Color or Race

White

12. Age at time of THIS birth

32 yrs.

13. Birthplace

Boonville New York

(City or town)

(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

16. FULL MAIDEN NAME MOTHER OF CHILD

Ida May Holland

17. Color or Race

White

18. Age at time of THIS birth

32 yrs.

19. Birthplace

Summers W.Va

(City or town)

(State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by.....

(First name)

(Last name)

who is related as.....

(Mother, etc.)

25. Attendant's OWN signature

M.D.

Address

Date

Midwife

State of Washington ss.County of Spokane

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,

(Mother, etc.)

above, that I am now 49 years of age, that I have known this person for 32 years, and that

(First name)

(Last name)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 22nd day of April, 1943

(SEAL)

George Emerson Means, Notary Public, residing at Spokane, Wa

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 26 1943by Mary H Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **370895**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Parker
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: born at home of grandparents
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 21 years 2 months 24 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No. Rexburg, Idaho
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rexburg, Idaho

4. **FULL NAME OF CHILD** Gladys Shirley
5. Date of Birth of Child (Month, day, year) Sept. 19, 1910

6. Sex Female 7. Twin or Triplet - If so—born 1st, 2nd, 3rd - 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	<u>Fred Desery Shirley</u>	16. FULL MAIDEN NAME	<u>Hettie Amelia Miller</u>
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>29</u> yrs.	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>23</u> yrs.
13. Birthplace <u>Bowersville</u> (City or town)	<u>Georgia</u> (State or foreign country)	19. Birthplace <u>Farmington</u> (City or town)	<u>Utah</u> (State or foreign country)
14. Exact Occupation <u>Clerk in Department Store</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Flamm's Department Store</u>		21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 2:00 A.M. on the date _____ (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Hettie Shirley who is related as mother (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of Idaho } ss.
County of Madison }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32 1/2 years, and that Dr. Warren B. West who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (Is now deceased) or (Cannot be located)

Mrs. Hettie M. Shirley Signature
Rexburg, Idaho G. O. Address

Subscribed and sworn to before me this 27 day of April 19 43

(SEAL) _____, Notary Public, residing at Rexburg, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1943 by Mary E. Elder Registrar.

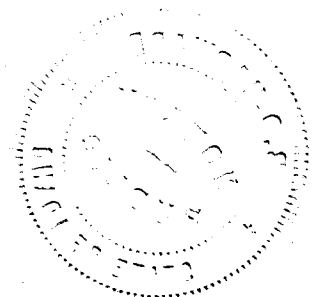
MAY 4 1973

APR 28 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



795 201020-361

370917

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County <u>ELMORE</u> (b) City <u>Mountain Home</u>		(a) State <u>Idaho</u> (b) County <u>Elmore</u>	
(c) Street Address or R.F.D. No.		(c) City <u>Mountain Home</u>	
(d) Name of Hospital or Maternity Home:		(d) Street Address or R.F.D. No.	
(e) Mothers stay BEFORE delivery: In THIS county <u>10</u> years months days		(e) How long has MOTHER lived in Idaho? <u>35 1/2</u> yrs.	
4. FULL NAME OF CHILD <u>Bernice Pinkston</u>		5. Date of Birth of Child <u>April 1, 1910</u> (Month, day, year)	
6. Sex <u>f</u>		8. No. months of Pregnancy	
7. Twin or Triplet		9. Legitimate?	
10. FULL NAME <u>Green Berry Pinkston</u>		16. FULL MAIDEN NAME <u>Belva Coats</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>33</u> yrs.		18. Age at time of THIS birth <u>27</u> yrs.	
13. Birthplace <u>Mill Missouri</u> (City or town) (State or foreign country)		19. Birthplace <u>Bruneau Idaho</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Teamster</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Freighting</u>		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature Washington M.D. Address Date
Midwife

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 65 years of age, that I have known this person for 32 years, and that
Miss Elizabeth Honga who attended this birth is now deceased I further
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Green Berry Pinkston Signature
871239 Rose St. Seattle, Wash. P.O. Address

Subscribed and sworn to before me this 16 day of April, 1943
(SEAL) John Westfall Notary Public, residing at Seattle
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

Received for filing on APR 29 1943 by Mary E. Elder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 13 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

259 229003 132
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

370926
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Treasurton
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
none
(e) Mothers stay BEFORE delivery:
In THIS county 3 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?..... yrs.

4. FULL NAME OF CHILD Alice Bergeson

5. Date of Birth of Child
(Month, day, year) Aug. 29, 1910

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ira Bergeson
11. Color white 12. Age at time of THIS birth 25 yrs.
13. Birthplace Lewiston, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agricultural

MOTHER OF CHILD

16. FULL MAIDEN NAME Fannie Atkinson
17. Color white 18. Age at time of THIS birth 26 yrs.
19. Birthplace Coveill Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business house-keeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Do not know
23. Number of children of this mother: (a) At time of birth and including this child fourth (b) Born alive and now living all

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 1 P. M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Wisconsin } ss.
County of Bayfield

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4 above, that I am now 58 years of age, that I have known this person for 32 years last past, and that Mrs. J. Barker who attended this birth is deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ira Bergeson Signature
Iron River, Wisconsin P. O. Address

Subscribed and sworn to before me this 26th day of April, 1943

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

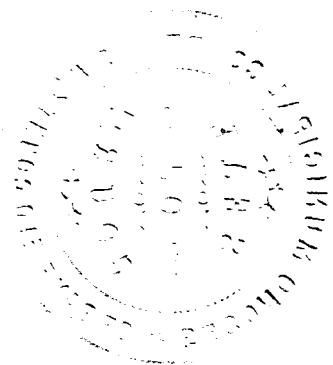
Received for filing on APR 30 1943 by Mary E. Eder Registrar.

APR 30 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

293 223029 393
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

370928
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Troy</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mothers stay BEFORE delivery: In THIS county <u>3</u> years <u>2</u> months <u>11</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Troy</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>3</u> yrs.	
4. FULL NAME OF CHILD <u>Constance Naomi Kitley</u>		3. RESIDENCE OF FATHER (city, state) <u>Troy, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>March 23, 1910</u>	
6. Sex <u>female</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Pearlie Vernon Kitley</u>		16. FULL MAIDEN NAME <u>Effie Jane Willard</u>	
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>27</u> yrs.	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>23</u> yrs.
13. Birthplace <u>Cleveland Township, Arkansas</u> (City or town) (State or foreign country)		19. Birthplace <u>Blackburn, Missouri</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Decorator</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Midwife

State of Montana
County of Lincoln } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 56 years of age, that I have known this person for 33 years, and that
Dr. Olson who attended this birth cannot be located I further
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Effie J. Kitley Signature
Troy, Montana P. O. Address

Subscribed and sworn to before me this 26th day of April, 1943

(SEAL)

(Notary Public is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public, residing at.....

Received for filing on APR 30 1943 by Mary E. Edder Registrar.

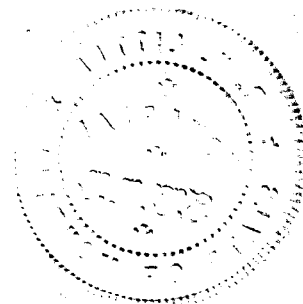
APR 30 1943

FEB 16 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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556-209-040-339

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **370932**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In home of parent
(e) Mother's stay **BEFORE** delivery: 6 years 6 months 6 days
IN THIS county

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

4. FULL NAME OF CHILD

Lucille Harvitt Newman

5. Date of Birth of Child
(Month, day, year)

Jan 7th 1940

6. Sex

Girl

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9

FATHER OF CHILD

10. FULL NAME

Edward Newman

11. Color or Race

White

12. Age at time of THIS birth

33 yrs.

13. Birthplace
(City or town)

Wisconsin
(State or foreign country)

14. Exact Occupation

Grocery Clerk

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Carrie Harvitt Clifton

17. Color or Race

White

18. Age at time of THIS birth

34 yrs.

19. Birthplace
(City or town)

White - S. Dak
(State or foreign country)

20. Exact Occupation

None

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

10% Nysol

23. Number of children of this mother: (a) At time of birth and including this child

2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at Shoshone M. on the date Jan 7th 1940 and at the place stated above, and that personal particulars were furnished by Carrie Newman who is related to this child as Mother (First name) (Last name)

25. Attendant's OWN signature

James R. Dunn

M.D. Midwife

Address

Wallace

Date

10/31/42

State of

Idaho Santa Cruz
Shoshone California

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for years, and that In Dean who attended this birth. (First name) (Last name) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Carrie Harvitt Newman Signature

H. H. Storey St. Santa Cruz, Calif. P. O. Address

Subscribed and sworn to before me this 16th day of October 1942

(SEAL)

Ann T. Gagnell Notary Public, residing at Santa Cruz, California

Received for filing on

APR 30 1943

by

Mary E. Elder

Registrar.

APR 30 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 370933
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County TWIN FALLS (b) City TWIN FALLS
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME OF CHILD

WILLIAM HENRY REED

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County TWIN FALLS
(c) City TWIN FALLS
(d) Street Address or R.F.D. No. East Second Street

(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child

(Month, day, year) Sept. 23-1910

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME

WILLIAM GEORGE REED

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace

Newport, Massachusetts, U.S.A.

14. Exact Occupation

BUILDING CONTRACTOR

15. Industry or Business

(GENERAL CONSTRUCTION)

MOTHER OF CHILD

16. FULL MAIDEN NAME

ROSE ENA CHISSOLD

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace

Rose, Massachusetts, U.S.A.

20. Exact Occupation

HOUSE WIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name)

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of California ss.
County of Los Angeles

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears (Mother, etc.)

in Item 4, above, that I am now 57 years of age, that I have known this person for 31 years, and that William George Reed who attended this birth. I further state that (First name) (Last name)

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 6th day of June 19 42

(SEAL)

Notary Public, residing at Long Beach Calif

(Note: Perjury is punishable in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 1 - 1943 by Mary J. Edson Registrar.

MAY 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 132, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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370944

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Blaine</u> (b) City <u>Ketchum</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Blaine</u> (c) City <u>Ketchum,</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>15 years.</u> yrs.	
4. FULL NAME OF CHILD <u>Ira LeRoy Privett</u>		5. Date of Birth of Child (Month, day, year) <u>Apr. - 2, - 1910.</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>no</u>	8. No. months of Pregnancy	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Fred Bertell Privett</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth. <u>29</u> yrs. 13. Birthplace <u>Pomeroy Garfield Co. Washington.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Rancher</u> 15. Industry or Business <u>Ranching.</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Pearl Rogers.</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth. <u>22 or 23.</u> 19. Birthplace <u>Blaine Co. Idaho.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife.</u> 21. Industry or Business <u>Housekeeping.</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____
Midwife

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California. } ss.
County of Los Angeles. }
I, the undersigned, being first duly sworn, say that I am the an older Brother of the person whose name appears in Item 4, above, that I am now 35 years of age, that I have known this person for 33 years, and that Do not remember his name who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertell Flynt Signature
Park Hotel, Torrance, California. P. O. Address

Subscribed and sworn to before me this 26th day of April, 19 43
M. B. Gaston Notary Public, residing at Hawthorne Calif.
(SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on May 1 - 1943 by Mary E. Elder Registrar.

MAY 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1941 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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753 215021/462
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

370953
State File No. 370953
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 15 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 47 yrs.
3. **RESIDENCE OF FATHER** (city, state) Preston, Ida.

4. **FULL NAME OF CHILD** Hazel Lureta Petterborg
5. Date of Birth of Child (Month, day, year) Aug. 15, 1910
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Emil Petterborg
11. Color or Race white 12. Age at time of THIS birth 55 yrs.
13. Birthplace Richmond, Utah
(City or town) (State or foreign country)
14. Exact Occupation Housewife
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Dobson
17. Color or Race white 18. Age at time of THIS birth 40 yrs.
19. Birthplace Norway
(City or town) (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)
25. Attendant's **OWN** signature _____ M.D. Address Date
Midwife

State of Idaho } ss.
County of Franklin }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 72 years of age, that I have known this person for 32 years, and that
Lila Mc Queen who attended this birth is now deceased. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Anna L Petterborg Signature
Preston, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of May, 1943.

(SEAL)

Mary E. Elder Notary Public, residing at Preston, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 - 1943 by Mary E. Elder, Registrar.

MAR 21 1972

MAY 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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53-114-029 755

370993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Potlatch
(c) Street Address or R.F.D. No. Box 513
(d) Name of Hospital or Maternity Home:
At own home
(e) Mother's stay BEFORE delivery:
IN THIS county years 7 months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Potlatch
(d) Street Address or R.F.D. No. Box 513
(e) How long has MOTHER lived in Idaho? 1 yrs.
3. **RESIDENCE OF FATHER** (city, state) Potlatch, Idaho

4. **FULL NAME OF CHILD** Nicholas Joseph Valenz

5. Date of Birth of Child
(Month, day, year) Dec. 19, 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Anthony Serafin Valenz
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Rabbi, Prov. Trento, Italy
(City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emmalinda Penasa
17. Color White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Rabbi, Prov. Trento, Italy
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sulphat 10%
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 5:00 A. M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Ida Valenz, who is
related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature J. W. Thompson M.D. Midwife Address Moscow, Idaho Date 4/26/43

State of.....
County of..... ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears
in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that
....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1943 by Mary E. Elder, Registrar.

MAY 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, ~~or in case of failure to report any birth which has occurred subsequent to such date,~~ such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

258-212006-619

United States

Department of Commerce

Bureau of the Census

MAY 5

1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

371077

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Burgham (b) City Arco (near)

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity (Home: Home)

(e) Mothers stay BEFORE delivery:

In THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County

(c) City Arco (near)

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 3 yrs.

4. FULL NAME OF CHILD Dorothy Cecelia Bequette

5. Date of Birth of Child June 12, 1910
(Month, day, year)

6. Sex Female 7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Hugh Edward Bequette

11. Color White 12. Age at time of THIS birth 43 yrs.

13. Birthplace Farmington, Mo.
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cecelia Wardinsky

17. Color White 18. Age at time of THIS birth 25 yrs.

19. Birthplace Perham, Minnesota
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by

(First name)

(Last name)

who is related as

(Mother, etc.)

25. Attendant's signature

M.D. Address
Midwife

Date

State of California }
County of Los Angeles } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

Mother

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4,

(Mother, etc.)

above, that I am now 57 years of age, that I have known this person for 32 years, and that

Clara Fishback who attended this birth 7-11 Wilman St. Park I further
(First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cecilia Bequette Signature
3219 Wilton Street, Long Beach, California. Address

Subscribed and sworn to before me this 17th day of April, 1943

(SEAL)

M. D. Madoch

Notary Public, residing at Long Beach, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1943 by Mary Elder Registrar.

MAY 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Twin Falls</u> (b) City <u>Twin Falls</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months days	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Twin Falls</u> (c) City <u>Twin Falls</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs.
--	--

4. FULL NAME OF CHILD <u>PEARL ALICE EDWARDS</u>	5. Date of Birth of Child (Month, day, year) <u>9-12-1910</u>
6. Sex <u>Female</u>	8. No. months of Pregnancy <u>9</u>
7. Twin or Triplet <u>Triplet</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME <u>John Fredrick Edwards</u>	16. FULL MAIDEN NAME <u>California Lora Gruel</u>
11. Color or Race <u>white</u>	17. Color or Race <u>White</u>
12. Age at time of THIS birth <u>40</u> yrs.	18. Age at time of THIS birth <u>35</u> yrs.
13. Birthplace (City or town) (State or foreign country)	19. Birthplace (City or town) (State or foreign country)
14. Exact Occupation <u>Laborer</u>	20. Exact Occupation <u>House wife</u>
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Oregon } **AFFIDAVIT** to be completed when the attendant does not sign
County of Cole } in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 35 years of age, that I have known this person for 35 years, and that Unknown (First name) (Last name), who attended this birth. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rich Edwards Signature
Box 294 Wellwood Or P. O. Address

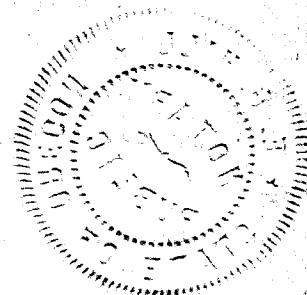
Subscribed and sworn to before me this 29 day of March 1943
(SEAL) Ed Will Notary Public, residing at Marshfield, Or.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MAY 13 1943,

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

319 224006 547

371157

United States (Be sure the information is as of date of birth of THIS child.) State File No.
Department of Commerce MAY 10 1943 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Ammon
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Ammon
(d) Street Address or R.F.D. No. 3
(e) How long has MOTHER lived in Idaho? 43 yrs.

3. RESIDENCE OF FATHER (city, state) Ammon Ida.

4. FULL NAME OF CHILD Ruth Carter
5. Date of Birth of Child (Month, day, year) Apr 24 1910
6. Sex F 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME John Albert Carter 16. FULL MAIDEN NAME Catherine Elizabeth Empey
11. Color or Race White 12. Age at time of THIS birth 26 yrs. 17. Color or Race White 18. Age at time of THIS birth 19 yrs.
13. Birthplace Doetown Utah (City or town) (State or foreign country) 19. Birthplace Lehi Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer 20. Exact Occupation Housewife
15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's signature _____ M.D. Address Date
OWN signature _____ Midwife

AFFIDAVIT

State of Idaho } ss.
County of Bannerville }
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 33 years, and that T.C. (First name) Wilson (Last name), who attended this birth is deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 23 day of Apr, 1943.
(SEAL) Engene Olson Notary Public, residing at Sona Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on MAY 10 1943 by Mary E Elder Registrar.

MAR 6 1969

MAY 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

349-217 002-154

United States
Department of Commerce
Bureau of the Census

MAY 10 1943

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **371175**

Local Reg. No. _____

Reg. Dist. No. _____

1. **PLACE OF BIRTH:**
(a) County ADAMS (b) City COUNCIL
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home _____ days.
In **THIS** county _____ years _____ month _____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State IDAHO (b) County ADAMS
(c) City COUNCIL
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? _____ yrs.
(f) Mother's mailing address _____

3. **RESIDENCE of FATHER** (city, state) WEISER, IDAHO

4. **FULL NAME OF CHILD** Edna Sylvesta Turnipseed

5. Date of Birth
(Month, day, year) Nov. 17, 1910

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy nine 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Scott Turnipseed
11. Color or Race White 12. Age at time of **THIS** birth 26 yrs.
13. Birthplace Lamar Arkansas
(City or town) (State or foreign country)
14. Exact Occupation WATCH MAKER
15. Industry or Business _____

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Anderson
17. Color or Race White 18. Age at time of **THIS** birth 19 yrs.
19. Birthplace COUNCIL IDAHO
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living. 7
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

MAY 10 1943
26. (a) _____ (Date received) (b) Marion Elder (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's **OWN** signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Idaho,
County of Washington, } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William Scott Turnipseed, being first duly sworn, say that I am William Scott Turnipseed (Related to (or) acquainted with) _____ as father (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Frank E. Brown (Name of attendant at birth) _____, who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

William Scott Turnipseed Signature
652, H. Salway at Weiser Idaho P. O. Address

Subscribed and sworn to before me on this 30th day of April, 19 43
(SEAL) Joe I. Callahan Notary Public, residing at Weiser Idaho

DEC 11 1972

MAY 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

238 - 205031 - 753

371202

371202

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lewis (b) City Craigmont
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
- (e) Mothers stay **BEFORE** delivery:
In **THIS** county years 8 months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Valley
(c) City Donnelly
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Myrtle May Scheline
5. Date of Birth of Child (Month, day, year) April 5th 1910
6. Sex girl 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** George C. Scheline
11. Color white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Galesburg Ill. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Louise Peters
17. Color white 18. Age at time of THIS birth 24 yrs.
19. Birthplace St. Louis Mo (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Valley

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

- I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 64 years of age, that I have known this person for 33 years, and that
do not know who attended this birth cannot be located further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

George C. Scheline Signature
Donnelly, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of May, 1943.

(SEAL)

H. E. Cunningham Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-314, Idaho Code, Annotated.)

Received for filing on JUN - 1 1943 by Mary E. Ledger Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

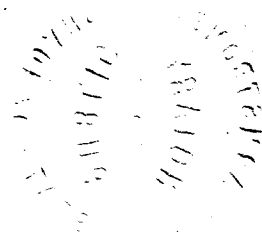
JUN 25 1970

JUN 1 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

168 130006 258 JUN 1 1943

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

371219 371219

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelly
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
IN THIS county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelly
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 11 yrs.
3. RESIDENCE OF FATHER (city, state) Shelly, Idaho

4. FULL NAME OF CHILD Lloyd Douglas Johnson

5. Date of Birth of Child
(Month, day, year) 5-30-1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Smith Johnson
11. Color White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Hamper Utah
(City or town) (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Olive Lavetta Senn
17. Color White 18. Age at time of THIS birth 17 yrs.
19. Birthplace Payson Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 33 years, and that Liza Tommit, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Olive Brown Signature
6765 Alvina Ave... Bell, Calif. P. O. Address

My Commission Expires July 29, 1945

Subscribed and sworn to before me this 29th day of May, 19 43

(SEAL) Frank J. Galotti Notary Public, residing at Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) County, California

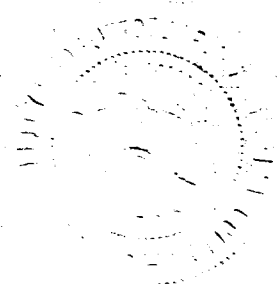
Received for filing on JUN 1 1943 by Mary Elder, Registrar.

JUN 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

972-241036 697

371244

United States (Be sure the information is as of date of birth of THIS child.) State File No.
Department of Commerce MAY 13 1943 CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Malad</u> (c) Street Address or R.F.D. No. <u>R. F. D. Route 1</u> (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>9</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Malad</u> (d) Street Address or R.F.D. No. <u>R. F. D. No 1</u> (e) How long has MOTHER lived in Idaho? <u>42</u> yrs.	
4. FULL NAME OF CHILD <u>Ella Ipsen</u>		3. RESIDENCE OF FATHER (city, state) <u>Malad, Idaho</u>	
6. Sex <u>Female</u>		5. Date of Birth of Child <u>Oct. 11, 1910</u> (Month, day, year)	
7. Twin or Triplet <u>Triple</u>		8. No. months of Pregnancy <u>9</u>	
10. FULL NAME <u>Nephi Peter Ipsen</u>		9. Legitimate? <u>yes</u>	
11. Color or Race <u>White</u>		16. FULL MAIDEN NAME <u>Margaret May Wight</u>	
12. Age at time of THIS birth <u>43</u> yrs.		17. Color or Race <u>White</u>	
13. Birthplace <u>Mantua, Utah</u> (City or town) (State or foreign country)		18. Age at time of THIS birth <u>41</u> yrs.	
14. Exact Occupation <u>Farming</u>		19. Birthplace <u>Brigham, Utah</u> (City or town) (State or foreign country)	
15. Industry or Business <u>Farming</u>		20. Exact Occupation <u>House Wife</u>	
21. Industry or Business <u>Farming</u>		22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Silver Nitrate</u>	
23. Number of children of this mother (a) At time of birth and including this child <u>8</u>		(b) Born alive and now living <u>6</u>	

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child who was born alive at Malad, Idaho M. on the date Oct. 11, 1943
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by D. C. Ray (First name) (Last name)
who is related as (Mother, etc.)

25. Attendant's OWN signature D. C. Ray M.D. Address Malad, Idaho Date 4-30-1943
Midwife

AFFIDAVIT

State of Idaho County of Oneida ss.
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 32 years, and that D. C. Ray who attended this birth not accessible I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
Subscribed and sworn to before me this 3rd day of April, 1943
(SEAL) Edward Woolley Notary Public, residing at Malad, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec 17-91, Idaho Code Annotated.)

Received for filing on MAY 13 1943 by Edward Woolley Registrar.

MAY 14 1913

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

289-127-009-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAY 20 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **372329**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
 - (a) County **Bonner**
 - (b) City **Midas**
 - (c) Street Address or R.F.D. No.
 - (d) Name of Hospital or Maternity Home: **None**
 - (e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 - (a) State **Idaho**
 - (b) County **Bonner**
 - (c) City **Midas**
 - (d) Street Address or R.F.D. No.
 - (e) How long has **MOTHER** lived in Idaho? **8 years** yrs.

4. **FULL NAME OF CHILD** **Lloyd Alfred Byrne**
5. Date of Birth of Child (Month, day, year) **Feb - 27 - 1910**
7. Twin or Triplet **If so—born 1st, 2nd, 3rd**
8. No. months of Pregnancy **9**
9. Legitimate? **yes**

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|--|--|--|
| 10. FULL NAME Thomas Alfred Byrne | 16. FULL MAIDEN NAME Jessie Leah Garrison | 17. Color White | 18. Age at time of THIS birth 17 yrs. |
| 11. Birthplace Thorpe Wisconsin
(City or town) (State or foreign country) | 19. Birthplace Birmingham Kansas
(City or town) (State or foreign country) | 20. Exact Occupation Truck Driver | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child **one** (b) Born alive and now living **yes**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)
25. Attendant's **OWN** signature M.D. Address Date
Midwife

- State of **Idaho** } ss.
County of **Bonner**

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4, above, that I am now **50** years of age, that I have known this person for **33** years, and that **Annie R Garrison** who attended this birth **is now deceased** I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this **15th** day of **May**, 19**43**.
(SEAL) **Harrell**, Notary Public, residing at **Sandpoint, Idaho**.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

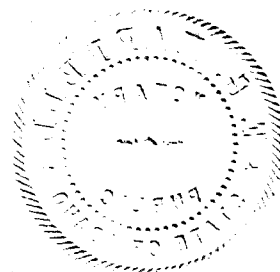
Received for filing on **MAY 20 1943** by **Mary E Elder**, Registrar.

MAY 24 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. **372330**
Local Reg. No.
Reg. Dist. No.

MAY 20 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Lataha (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Hotell
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Lataha
(c) City Deary
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

4. FULL NAME OF CHILD

Fay Leannette Clark

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) Deary Idaho

5. Date of Birth of Child (Month, day, year) 5-1-1920
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Harry Le Roy Clark
11. Color or Race white 12. Age at time of THIS birth 21 yrs.
13. Birthplace Stawely Washington
(City or town) (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hilma Kickstrand
17. Color or Race white 18. Age at time of THIS birth 21 yrs.
19. Birthplace Deary Idaho
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Lataha }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 54 years of age, that I have known this person for 33 years, and that
Dr. Olson who attended this birth deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

Subscribed and sworn to before me this 18th day of May, 1943.
(SEAL) C. P. Hinder Notary Public, residing at Lewiston, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

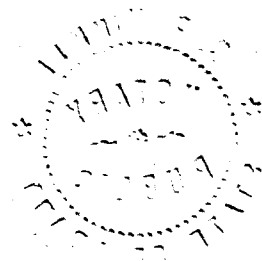
Received for filing on MAY 20 1943 by Mary E. Elder Registrar.

MAY 24 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 131, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



345-215-014-142

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **372333**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. Forgotten
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county 2 years 4 months 15 days

4. FULL NAME OF CHILD Mildred Fennella Lundin

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Gary Victor Lundin
11. Color White 12. Age at time of THIS birth 2.3 yrs.
13. Birthplace Cedarville, Kan.
(City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business Day laborer

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Forgotten Caldwell
(d) Street Address or R.F.D. No. Forgotten
(e) How long has MOTHER lived in Idaho? 2-3 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Idaho

5. Date of Birth of Child
(Month, day, year) Nov. 15, 1910

8. No. months of Pregnancy 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Maudie E. Justice
17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Streator, Illinois
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)

25. Attendant's OWN signature A. J. Miller M.D. Midwife Address 110 Pine Date 5-14-43
State of Colorado County of Mesa } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 30 1/2 years, and that Dr. Miller, who attended this birth cannot be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission expires Sept. 27, 1944

Maudie E. Lundin Signature
Clifton, Colorado P. O. Address

Subscribed and sworn to before me this 11th day of June, 1942

(SEAL) Thomas C. Lally Notary Public, residing at Clifton, Colorado

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

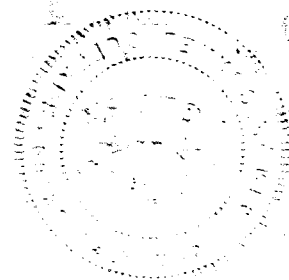
Received for filing on MAY 24 1943 by Maudie E. Lundin Registrar.

MAY 24 1943,

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



215-116-025-419

372351

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Strangerville</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>A. Markham home</u> (e) Mothers stay BEFORE delivery: In THIS county years months <u>1</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Washington</u> (b) County..... (c) City <u>Spokane</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>15</u> yrs.	
4. FULL NAME OF CHILD <u>Raymond Nathaniel Bancroft</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		5. Date of Birth of Child (Month, day, year) <u>Sept. 16 - 1910</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
6. Sex <u>Male</u> FATHER OF CHILD 10. FULL NAME <u>Charles Arville Bancroft</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>24</u> yrs. 13. Birthplace <u>Cincinnati Ohio</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Telegraph operator</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Lora Belle Markham</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>19</u> yrs. 19. Birthplace <u>Strangerville Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
 23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by.....
 (First name) (Last name)
 who is related as.....
 (Mother, etc.)
 25. Attendant's OWN signature M.D. Address Date
 Midwife

State of Ohio } ss.
 County of Cuyahoga

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the..... Mother..... of the person whose name appears in Item 4,
 above, that I am now 51 years of age, that I have known this person for 32 yrs. years, and that
Dr. F. Campbell (First name) (Last name), who attended this birth, is now deceased I further
 (Is now deceased) or (Cannot be located)
 state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
 1937 Session Laws.

H. A. HILL, Notary Public

My commission expires Oct. 2, 1943

Lora Belle Willis Signature
111 Woodrow Ave., Bedford, Ohio P. O. Address

Subscribed and sworn to before me this 17th day of May, 1943.
 (SEAL) H. A. Hill, Notary Public, residing at Bedford, Ohio
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 24 1943 by Mary E. Elder, Registrar.

MAY 24 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.~~

386-104-009-234

372367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County BONNER (b) City SANDPOINT
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
IN THIS county 3 years 9 months -- days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 3 yrs.
3. **RESIDENCE OF FATHER** (city, state)
Sandpoint, Idaho

4. **FULL NAME OF CHILD** EARL PETER THOMAS

5. Date of Birth of Child
(Month, day, year) Jan. 4, 1910

6. Sex male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ludger Joseph Thomas
11. Color White 12. Age at time of THIS birth 29 yrs.
13. Birthplace LaPrairie, Quebec, Canada
(City or town) (State or foreign country)
14. Exact Occupation Printer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Agnes Stussi
17. Color White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Stillwater, Minnesota
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature

M.D.
Midwife

Address

Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 33 years, and that Dr. Patterson, who attended this birth is now deceased. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session-Laws.

Lillian A. Thomas Signature
S. 525 Division St., Spokane, Wash. P. O. Address

Subscribed and sworn to before this 15th day of May, 1943

(SEAL)

Lorraine D. PetersonNotary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by Mary S. Edgar, Registrar.

MAY 21 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

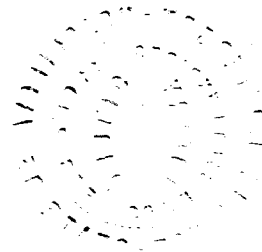
NOV 12 1970

MAY 25 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

445-205-025-294

372397

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAY 24 1943

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Grangerville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 18 years 18 months 18 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangerville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

4. **FULL NAME OF CHILD** Roberta Addie Blunlap
7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Grangerville Idaho
5. Date of Birth of Child (Month, day, year) April 25 1910
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Robert Blunlap
11. Color or Race white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Salmon Idaho (City or town) (State or foreign country)
14. Exact Occupation Jeweler
15. Industry or Business Jewelry

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Lillie Margaret Brust
17. Color or Race white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Carroll Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Idaho

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 33 years, and that Lr Campbell (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further swear that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1933 Session Laws.

Lillie M. Muller Signature
Big Creek Calif. P. O. Address

Subscribed and sworn to before me this 20 day of May, 1943
(SEAL) Roy E. Muller Notary Public, residing at Big Creek Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

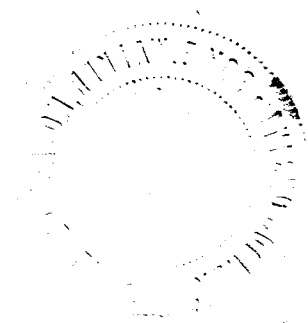
Received for filing on MAY 24 1943 by Mary E. Elder Registrar.

MAY 25 1943,

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



799-106-009-914

372453

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bonner (b) City Hope
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home: none

(e) Mother's stay BEFORE delivery:

IN THIS county _____ years _____ months _____ days

4. FULL NAME OF CHILD Karl Rouse Grant

6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Conrad Morrison Grant
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Flourance Michigan
(City or town) (State or foreign country)
14. Exact Occupation Lumberman & Woodsman
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bonner
(c) City Hope
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child Dec 6th 1910
(Month, day, year)

8. No. months of Pregnancy nine 9. Legitimate? yes

MOTHER OF CHILD

16. FULL NAME Maice Louise Augusta Raux
17. Color White 18. Age at time of THIS birth 27 yrs.
19. Birthplace McMillen Wisconsin
(City or town) (State or foreign country)
20. Exact Occupation Dress maker & housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn).
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____
Midwife _____ Address _____ Date _____

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that Dr. Knapp is now deceased, who attended this birth. I further state that

(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 133, 1937 Session Laws.

Mrs Frank Garrett Signature
Clarks Fork, Idaho P. O. Address

Subscribed and sworn to before this 24th day of May 1943
(SEAL) Clarence Reed Notary Public, residing at Clarks Fork, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by Myrtle E. Eder Registrar.

MAY 27 1943

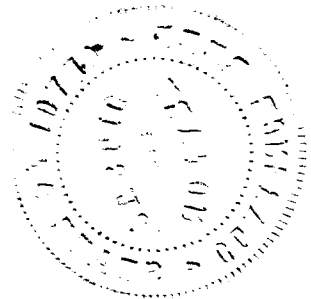
JUL 13 1960

MAY 27 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



253-204.003-235

372509

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
 (a) County Bannock (b) City Pocatello
 (c) Street Address or R.F.D. No. 316 N. Hayes
 (d) Name of Hospital or Maternity Home: Grandmother's residence above
 (e) Mothers stay BEFORE delivery:
 In THIS county 15 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 (a) State Idaho (b) County Bannock
 (c) City Pocatello
 (d) Street Address or R.F.D. No. 309 N. Main
 (e) How long has **MOTHER** lived in Idaho? 16 years
3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

4. **FULL NAME OF CHILD** Bertha Mary Sell
 5. Date of Birth of Child Jan. 4, 1910
 (Month, day, year)
 6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
 8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
 10. **FULL NAME** Otto Henry Carl Sell
 11. Color White 12. Age at time of THIS birth 22 yrs.
 or Race Pocatello Idaho
 13. Birthplace (City or town) (State or foreign country)
 14. Exact Occupation Railroad Brakeman
 15. Industry or Business Oregon Short Line (UP)
- MOTHER OF CHILD**
 16. **FULL MAIDEN NAME** Beulah Edith Stephens
 17. Color White 18. Age at time of THIS birth 20 yrs.
 or Race Ogden Utah
 19. Birthplace (City or town) (State or foreign country)
 20. Exact Occupation Housewife
 21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
 23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by
 who is related as (First name) (Last name)
 (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
 Midwife

State of Washington } ss.
 County of King

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

- I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
 (Mother, etc.)
 above, that I am now 53 years of age, that I have known this person for 33 years, and that
Dr. H. A. Castle who attended this birth deceased I further
 (First name) (Last name) (Is now deceased) or (Cannot be located)
 state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
 1937 Session Laws.

Beulah Edith Sell Signature

15804 - 16th Ave. S., Seattle, Wash. P. O. Address

Subscribed and sworn to before me this 25th day of May, 1913

(SEAL)

Catherine McChellay Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN - 2 1943 by Mary E. Eder Registrar.

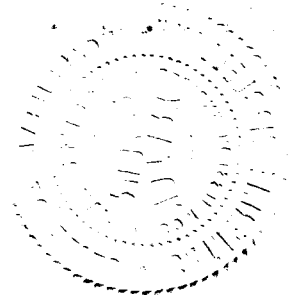
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

815-222-229-815

United States
Department of Commerce
Bureau of the Census

MAY 19 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 372566
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Potlatch
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home

(e) Mothers stay BEFORE delivery:
In THIS county 5 years 3 months 14 days

4. FULL NAME OF CHILD

Lillian Mildred Hortense Hanson

6. Sex Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Olaf Hanson

11. Color white 12. Age at time 24
or Race of THIS birth yrs.

13. Birthplace Asfjorden
(City or town) Norway
(State or foreign country)

14. Exact Occupation saw mill worker

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Caroline Hanson

17. Color white 18. Age at time 22
or Race of THIS birth yrs.

19. Birthplace Orlandet
(City or town) Norway
(State or foreign country)

20. Exact Occupation housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive. at 3 P. M. on the date

and at the place stated above, and that personal particulars were furnished by Caroline Brewer
who is related as mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature J. W. Thompson

M.D. Midwife

Address Marion Idaho

Date June 1st 1943

State of Washington

County of Benton ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4,
above, that I am now 49 years of age, that I have known this person for 35 years, and that

Dr. Thompson who attended this birth. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Subscribed and sworn to before me this 15 day of May, 1943

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Gudrun Hanson Signature
Richland Wash. P. O. Address

Received for filing on MAY 19 1943 by Marion Elder Registrar.

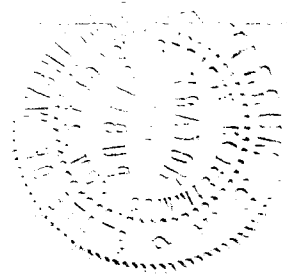
JUN 7

1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **372571**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County KOOTENAI (b) City COEUR D'ALENE (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: AT HOME (e) Mothers stay BEFORE delivery: In THIS county 36 years 7 months 14 days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State IDAHO (b) County KOOTENAI (c) City COEUR D'ALENE (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? 36 yrs.	
4. FULL NAME OF CHILD MABEL LENNA TYREE		5. Date of Birth of Child JAN. 5. 1910 (Month, day, year)	
6. Sex	7. Twin or Triplet	8. No. months of Pregnancy 9	9. Legitimate? YES
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME OLIVER CRETH TYREE		16. FULL MAIDEN NAME EONA MAY THAYER	
11. Color or Race WHITE	12. Age at time of THIS birth 34 yrs.	17. Color or Race WHITE	18. Age at time of THIS birth 26 yrs.
13. Birthplace MISSOURI (City or town) (State or foreign country)		19. Birthplace READING SOUTH DAKOTA (City or town) (State or foreign country)	
14. Exact Occupation LABORER		20. Exact Occupation HOUSE WIFE	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 11			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

AFFIDAVIT

State of **Idaho** } ss.
County of **Kootenai** }

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4, above, that I am now **5-9** years of age, that I have known this person for **36** years, and that **Amelia Thayer**, who attended this birth, (Is named or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna Tyree Signature
Coeur d'Alene P. O. Address

Subscribed and sworn to before me this **1st** day of **June**, 19**43**.
(SEAL) **Gas M. Phelps** Notary Public, residing at **Coeur d'Alene**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) **8-8-1946**

Received for filing on **JUN - 7 1943** by **Mary Felder**, Registrar.

JUL 28 1954

DEC 12 1961

JUN 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



791-107-244-469

United States (Be sure the information is as of date of birth of THIS child.)
Department of Commerce
Bureau of the Census Washington
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **372572**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Weiser</u> (c) Street Address or R.F.D. No. <u>don't know</u> (d) Name of Hospital or Maternity Home: <u>Born in our home</u> (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Weiser</u> <u>Washington</u> (d) Street Address or R.F.D. No. <u>Henry Co.</u> (e) How long has MOTHER lived in Idaho? <u>12</u> yrs.	
4. FULL NAME OF CHILD <u>Robert Paul Van Graven</u>		5. Date of Birth of Child (Month, day, year) <u>Dec. 7, 1910</u>	
6. Sex <u>male</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		8. No. months of Pregnancy <u>full</u> 9. Legitimate? <u>yes</u>	
10. FATHER OF CHILD FULL NAME <u>Paul Peter Van Graven</u> 11. Color <u>white</u> 12. Age at time of THIS birth <u>32</u> yrs. 13. Birthplace <u>Utica</u> (City or town) (State or foreign country) <u>N.Y.</u> 14. Exact Occupation _____ 15. Industry or Business <u>Photography</u>		16. MOTHER OF CHILD FULL MAIDEN NAME <u>Maud Ellen Morrison</u> 17. Color <u>white</u> 18. Age at time of THIS birth <u>22</u> yrs. 19. Birthplace <u>Helix</u> (City or town) (State or foreign country) <u>Oregon</u> 20. Exact Occupation <u>housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) _____ who is related as _____ (Mother, etc.) _____

25. Attendant's **OWN** signature Washington M.D. _____ Address _____ Date _____
County of King } ss. Midwife _____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for Since Born years, and that Deceased, who attended this birth. I further (Is now deceased) or (Cannot be located) _____ state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Maud Ellen Lieurance
9658-24 ave 2 W Seattle P. O. Address _____
June 19 43

Subscribed and sworn to before me this 2nd day of June 19 43
(SEAL) Carl F. Beecher Notary Public, residing at Seattle, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUN - 7 1943 by Maud E. Lieurance, Registrar.

JUN 7 1943,

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

366-215-014-814

377619

372619

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 224 Aven St.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 224 Aven St.
(e) How long has **MOTHER** lived in Idaho? two yrs.

4. **FULL NAME OF CHILD** Myrtle Marcella Cook
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

3. **RESIDENCE OF FATHER** (city, state) Caldwell, Ida.
5. Date of Birth of Child (Month, day, year) Oct. 15, 1910
8. No. months of Pregnancy _____ 9. Legitimate? _____

FATHER OF CHILD
10. **FULL NAME** Fred J. Cook
11. Color or Race White 12. Age at time of THIS birth 23 yrs.
13. Birthplace Walla Walla, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Agnes Hammond
17. Color or Race White 18. Age at time of THIS birth 17 yrs.
19. Birthplace Ozark, Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 3:30 P.M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Agnes Cook
Mother (First name) (Last name)
who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of Idaho } ss.
County of Canyon }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth, I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Agnes Cook Cook Signature
Union, Oregon P. O. Address

Subscribed and sworn to before me this 11 day of June, 1943
(SEAL) _____, Notary Public, residing at Kenapa, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 14 1943 by J. E. Elder, Registrar.

JUN 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date~~, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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133-216019-465 (Be sure the information is as of date of birth of THIS child.) 372670 372670

United States Department of Commerce Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Local Reg. No. Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Custer (b) City Macpaya
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Macpaya
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Macpaya Idaho

4. **FULL NAME OF CHILD** Gertrude Elizabeth Allen 5. Date of Birth of Child (Month, day, year) Nov 16 1910

6. Sex Female 7. Twin or Triplet — If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alfred Homer Allen
11. Color or Race white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Gravesville Iowa (City or town) (State or foreign country)
14. Exact Occupation Telephone Employee
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marcella Honahue
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Broadford Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child first (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
who is related as.....
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Idaho
State of Custer } ss.
County of Custer

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
above, that I am now 53 years of age, that I have known this person for 32 years, and that
Mrs. J. J. Harris who attended this birth deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Marcella Allen Signature
5446 N. E. Mason St. Portland, Ore. P. O. Address

Subscribed and sworn to before me this 30 day of June, 1943
(SEAL) Mary Villeneuve Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

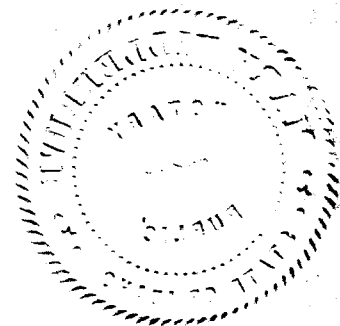
Received for filing on JUL 1 1943 by Mary E. Elder Registrar.

JUL 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **372686**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Cedar Creek
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
Born at Clara A. Tuttle residence
(e) Mothers stay **BEFORE** delivery:
In **THIS** county none years 1 months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Iowa (b) County Boone
(c) City Boone
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
3. **RESIDENCE OF FATHER** (city, state) Deep Creek, Wash.

4. **FULL NAME OF CHILD** Lurel Douglas
5. Date of Birth of Child Jan. 6, 1910
(Month, day, year)

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 2nd 8. No. months of Pregnancy regular Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Coy Hiram Douglas
11. Color white 12. Age at time of THIS birth 25 yrs.
13. Birthplace Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Amey Marien Needham
17. Color white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Boone, Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 9:00 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Clara A. Tuttle
who is related as grandmother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Clara L Tuttle M.E. MDW Address Spokane, Wash. Date June 2, 1943.

State of Washington } ss.
County of Spokane

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Grandmother of the person whose name appears in Item 4,
above, that I am now 74 years of age, that I have known this person for 33 years, and that
no attendant except self (First name) (Last name) who attended this birth. (Is now deceased) or (Cannot be located) I further

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara L Tuttle Signature
602 E. 20th Ave, Spokane, Wash P.O. Address

Subscribed and sworn to before me this 2nd day of June, 1943
(SEAL) Paul Z. Schiffer Notary Public, residing at Spokane, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17614, Idaho Code Annotated.)

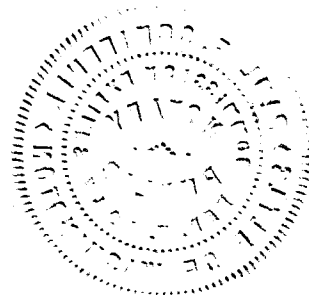
Received for filing on JUN 14 1943 by Mary E Elder Registrar.

JUN 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

464-2151242-469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **372687**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: at mother's home
(e) Mother's stay **BEFORE** delivery: _____
IN THIS county 1 years _____ months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

4. FULL NAME OF CHILD

Lillian Vera Modrell

5. Date of Birth of Child

(Month, day, year) May 18, 1910

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David Roman Modrell
11. Color White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Optima Oklahoma
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle May Morris
17. Color White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Fairfield Washington
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of Idaho } ss.
County of Chelan

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 32 years, and that _____, who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mrs. Litha Parsons Signature

Subscribed and sworn to before me this 12 day of March 1943

(SEAL)

Notary Public, residing at Heater

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 14 1943 by Mary E. Eder, Registrar.

JUN 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

193-107,042-518

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **372694**

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County Twin Falls (b) City Wendell

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: at Home

(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

4. **FULL NAME OF CHILD** Edward George Mitty

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Twin Falls

(c) City Wendell Gooding

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

5. Date of Birth of Child September 7, 1910
(Month, day, year)

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** George A. Mitty

11. Color White 12. Age at time of THIS birth 30 yrs.

13. Birthplace Schweier Syria
(City or town) (State or foreign country)

14. Exact Occupation Contractor

15. Industry or Business Building

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Salma Nabra

17. Color White 18. Age at time of THIS birth 18 yrs.

19. Birthplace Schweier Syria
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. 100 Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 11 P M. on the date

and at the place stated above, and that personal particulars were furnished by George Mitty
(Born alive, stillborn) (First name) (Last name)

who is related as Father
(Mother, etc.)

25. Attendant's H E Lamb M.D. Address Engene Ave Date June 1st 43
OWN signature (Midwife)

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now years of age, that I have known this person for years, and that

....., who attended this birth. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

..... Signature

..... P.O. Address

Subscribed and sworn to before me this day of 19.....

(SEAL)

..... Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 11 1943 by Mary E. Baker Registrar.

JUN 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-210-036-444
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **372699**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Mink Creek</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county <u>36</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Mink Creek</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>23</u> yrs.	
4. FULL NAME OF CHILD <u>Deililah Dudley Keller</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd 6. Sex <u>Female</u>		3. RESIDENCE OF FATHER (city, state) <u>Mink Creek Ida.</u> 5. Date of Birth of Child (Month, day, year) <u>Nov. 10, 1910</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Torval Keller</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>42</u> yrs. 13. Birthplace <u>Mantua Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farming</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Deililah Francis Dudley</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>36</u> yrs. 19. Birthplace <u>Mink Creek Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House Wife</u> 21. Industry or Business <u>Farming</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
 23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by.....
 (First name) (Last name)
 who is related as.....
 (Mother, etc.)
 25. Attendant's M.D. Address Date
 OWN signature Midwife

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 32 years, and that Caroline Peterson who attended this birth Deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Deililah K Keller Signature
Mink Creek, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of June, 1943
 (SEAL) Mary Gibson Notary Public, residing at La Vega, Ida.
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Oct 13, 1944

Received for filing on JUN 11 1943 by Mary Gibson Registrar.

JUN 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

456-212-019-314

372718

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Custer</u> (b) City <u>Mackay</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mothers stay BEFORE delivery: In THIS county <u>24</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Custer</u> (c) City <u>Mackay</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>24</u> yrs.	
4. FULL NAME OF CHILD <u>Ruby Grace DeWitt</u>		3. RESIDENCE OF FATHER (city, state) <u>Mackay, Idaho</u>	

6. Sex <u>Female</u>		7. Twin or Triplet		8. No. months of Pregnancy <u>9</u>		9. Legitimate? <u>Yes</u>	
10. FULL NAME <u>John Patten DeWitt</u>		11. Color or Race <u>White</u>		12. Age at time of THIS birth <u>27</u> yrs.		5. Date of Birth of Child (Month, day, year) <u>Sept. 12, 1910</u>	

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>John Patten DeWitt</u>	16. FULL MAIDEN NAME <u>Melissa Josephine Lambson</u>		
11. Color or Race <u>White</u>	17. Color or Race <u>White</u>		
12. Age at time of THIS birth <u>27</u> yrs.	18. Age at time of THIS birth <u>24</u> yrs.		
13. Birthplace <u>Manti, Utah</u> (City or town) (State or foreign country)	19. Birthplace <u>Custer County, Idaho</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Miner</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business	21. Industry or Business		

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's OWN signature..... M.D. Address Date
Midwife

State of..... } ss.
County of.....

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 57 years of age, that I have known this person for 32 years, and that
Dr. Mason, who attended this birth whereabouts unknown, I further
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.
x Josephine DeWitt Signature
P. O. Address

Subscribed and sworn to before me this 22 day of May, 1943
(SEAL) [Signature]
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Aug. 1, 1946
Notary Public, residing at Mackay, Idaho

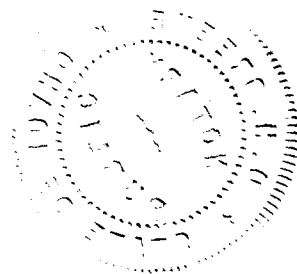
Received for filing on JUN 11 1943 by Mary Fielder Registrar.

JUN 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **372743**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Canyon</u> (b) City <u>Payette</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county <u>18</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Payette</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>18</u> yrs.	
4. FULL NAME OF CHILD <u>Vern Henry Faron</u>		5. Date of Birth of Child (Month, day, year) <u>Dec, 22, 1910</u>	
6. Sex <u>Male</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet <u>No</u>		9. Legitimate? <u>Yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William Henry Faron</u>		16. FULL MAIDEN NAME <u>Betha Schaffman</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>24</u> yrs.		18. Age at time of THIS birth <u>18</u> yrs.	
13. Birthplace <u>Lewiston, Iowa</u> (City or town) (State or foreign country)		19. Birthplace <u>Chicago, Ill</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Carpenter</u>		20. Exact Occupation <u>House wife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>yes</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's
OWN signature **M.D.** **Address** **Date**

State of Idaho } ss.
County of Payette }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 32 years of age, that I have known this person for all my life years, and that
Dr. Arny who attended this birth now deceased I further
(First name) (Last name) (Is now deceased or (Cannot be located))
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Betha Faron Signature
Payette, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of June, 1943.

(SEAL)

Wm McEune

Notary Public, residing at Payette, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 15 1943 by Mary Elder Registrar.

JUN 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

459-108-036-235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **372745**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 20 years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Oneida
(c) City Manleton (Preston)
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 53 yrs.

4. **FULL NAME OF CHILD**LaVaun S. Merrill

5. Date of Birth of Child

(Month, day, year) April 8, 19106. Sex male7. Twin or
TripletIf so—born
1st, 2nd, 3rd8. No. months
of Pregnancy 99. Legitimate? yes**FATHER OF CHILD**10. **FULL NAME** Orrin Preston Merrill11. Color or Race white 12. Age at time
of THIS birth 34 yrs.13. Birthplace Smithfield Utah
(City or town) (State or foreign country)14. Exact Occupation Farmer15. Industry or Business farming**MOTHER OF CHILD**16. **FULL MAIDEN NAME** Alice May Stephenson17. Color or Race white 18. Age at time
of THIS birth 23 yrs.19. Birthplace Lewiston Utah
(City or town) (State or foreign country)20. Exact Occupation housewife21. Industry or Business farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3**ATTENDANT'S CERTIFICATE**

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____

(First name)

(Last name)

who is related as _____

(Mother, etc.)

25. Attendant's
OWN signature E. W. StatesM.D.
MidwifeAddress Preston IdahoDate 6/12/43State of Idaho
County of Bonneville } ss.**AFFIDAVIT**

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 56 years of age, that I have known this person for 33 years, and that

Dr. G. W.Stateswho attended this birth is in Boise I further

(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Alice S. Merrill

Signature

Preston, Idaho

P. O. Address

Subscribed and sworn to before me this 31st day of May, 1943

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public, residing at Idaho Falls,

Received for filing on

JUN 15 1943

by

Mamie E. Egan

Registrar.

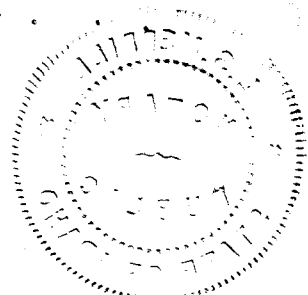
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **372747**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 29 years 6 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Caleb Victor Anderson Jr. 5. Date of Birth of Child Oct. 10, 1910
(Month, day, year)
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Caleb Victor Anderson Sr.
11. Color white 12. Age at time of THIS birth yrs.
13. Birthplace Lahi, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Barbara Spence Leatham
17. Color white 18. Age at time of THIS birth 29 yrs.
19. Birthplace Wellsville, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 9 a M. on the date Oct 10, 1910
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Caleb V Anderson Jr.
(First name) (Last name)
who is related as Barbara Spence Anderson
(Mother, etc.)

25. Attendant's **OWN** signature Barbara Spence M.D. Miss Nelson Address Rexburg Date Idaho
Midwife Idaho

State of Idaho } ss.
County of Madison

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Barbara Spence Anderson of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 63 years of age, that I have known this person for 29 years, and that
Miss Nelson who attended this birth Now Deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Barbara Spence Anderson Signature
2957 Lincoln Ave. Ogden Utah P. O. Address

Subscribed and sworn to before me this 10 day of June, 19 43
(SEAL) Peter E. Grackner Notary Public, residing at Ogden Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 15 1943 by Mary E. Elder Registrar.

MAY 18 1967

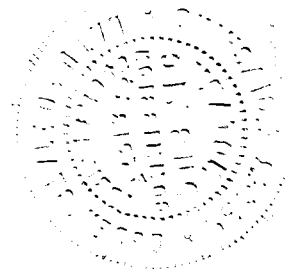
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JUN 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **372822**

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

- | | |
|---|---|
| 1. PLACE OF BIRTH:
(a) County <u>Idaho</u> (b) City <u>Kooskia</u>
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: <u>none</u>
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county <u>7</u> years month _____ days. | 2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Idaho</u>
(c) City <u>Kooskia</u>
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? <u>7</u> yrs.
(f) Mother's mailing address <u>Kooskia Idaho</u>
3. RESIDENCE of FATHER (city, state): <u>Kooskia Ida.</u> |
|---|---|

- | | |
|--|---|
| 4. FULL NAME OF CHILD <u>Claude Vale Trenary</u>
6. Sex <u>m</u>
7. Twin or Triplet <u>xx</u> If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u> | 5. Date of Birth (Month, day, year) <u>June 22, 1910</u> |
|--|---|

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|--|--|--|
| 10. FULL NAME <u>George Washington Trenary</u>
11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>31</u> yrs.
13. Birthplace <u>Plattville Wisconsin</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>carpenter</u>
15. Industry or Business <u>carpenter</u> | 16. FULL MAIDEN NAME <u>Stella Dee Myers</u>
17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>29</u> yrs.
19. Birthplace <u>Osceola Iowa</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>housewife</u>
21. Industry or Business <u>housewife</u> | 22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>
(c) Born alive and now dead <u>x</u> (d) Stillborn <u>x</u> | |

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)
JUN 19 1943 (Mother, etc.)

- | | |
|--|---|
| 26. (a) _____ (Date received) _____ (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature) | 25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____ |
|--|---|

State of Idaho } ss. **AFFIDAVIT** To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.
County of Idaho

I, Stella Dee Trenary, being first duly sworn, say that I am mother related Claude Vale Trenary as mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Smith, who attended said birth is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

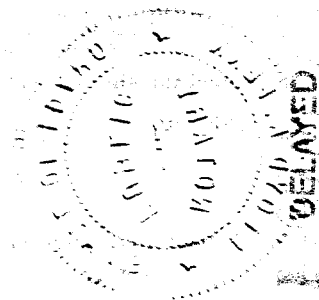
Subscribed and sworn to before me on this 15 day of June, 1943.
(SEAL) Stella Dee Trenary Signature
Kooskia Idaho P.O. Address
Notary Public, residing at Kooskia Idaho

JUN 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **372824**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Grangeville
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Grangeville
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Melvina Leona Alderman
5. Date of Birth of Child
(Month, day, year) July 3, 1910
6. Sex Female 7. Twin or Triplet Triple If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? X

FATHER OF CHILD
10. **FULL NAME** Hayden Forest Alderman
11. Color White 12. Age at time of THIS birth 20 yrs.
13. Birthplace Iowa
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business -----

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Florence Rosella Sams
17. Color White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Milton Oregon
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ----

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living X

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Washington } ss. **AFFIDAVIT** to be completed when the attendant does not sign
County of Walla Walla in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears
in Item 4, above, that I am now 51 years of age, that I have known this person for 32 years, and that
Doctor Busey, who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Florence Alderman Kenney Signature
Port Angeles, Washington P. O. Address

Subscribed and sworn to before me this 18th day of February, 19 43

(SEAL) Mamie L. Bennett Notary Public, residing at Walla Walla, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUN 19 1943 by Mary Elder Registrar.

456937
JUN 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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372835

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City St. Maries
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mothers stay BEFORE delivery:

In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City St. Maries
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 7 yrs.3. RESIDENCE OF FATHER (city, state) St. Maries, Idaho4. FULL NAME OF CHILD YVONNE ALICE PATTERSON

7. Twin or

If so—born

5. Date of Birth of Child

(Month, day, year) Aug. 8, 19186. Sex FEMALE

Triplet

1st, 2nd, 3rd

8. No. months of Pregnancy 99. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JAMES PATTERSON11. Color or Race WHITE 12. Age at time of THIS birth 46 yrs.13. Birthplace FRANKLIN NEW YORK
(City or town) (State or foreign country)14. Exact Occupation FARMER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME OLGA OLYMPE. BEL17. Color or Race WHITE 18. Age at time of THIS birth 33 yrs.19. Birthplace PAYERNE SWITZERLAND
(City or town) (State or foreign country)20. Exact Occupation SEA MSTRESS—HAWAII

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by (First name) (Last name)

who is related as (Mother, etc.)

25. Attendant's OWN signature Lance Dupontis M.D. MidwifeAddress St Maries Idaho Date 10 June 1943

State of ss. County of

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now years of age, that I have known this person for years, and that

....., who attended this birth I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this day of, 19.....

(SEAL)

....., Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mary E. Eder Registrar.

JUN 19 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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814-113-225 619

372836

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Grangerville</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Private Home</u> (e) Mothers stay BEFORE delivery: In THIS county years <u>9</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Grangerville</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>1.2 months</u> yrs.	
4. FULL NAME OF CHILD <u>Russell Raymond Hawth</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		5. Date of Birth of Child <u>September 13, 1910</u> (Month, day, year)	
6. Sex <u>Boy</u>		8. No. months of Pregnancy <u>9</u>	
9. Legitimate? <u>yes</u>			
10. FATHER OF CHILD 10. FULL NAME <u>Theodore A. Hawth</u> 11. Color <u>White</u> 12. Age at time of THIS birth <u>27</u> yrs. 13. Birthplace <u>Melton Center Ohio</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Dairy man</u> 15. Industry or Business		16. MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Bessie Beatrice Fairbanks</u> 17. Color <u>White</u> 18. Age at time of THIS birth <u>19</u> yrs. 19. Birthplace <u>Pratt County Kansas</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum.			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>yes</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Oklahoma } ss.
County of Alfalfa

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 60 years of age, that I have known this person for 32 years, and that
Dr. G. S. Stockton who attended this birth is now deceased I further
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Theodore A. Hawth Signature
Cherokee, Oklahoma P. O. Address

Subscribed and sworn to before me this 8th day of June, 1943.
My comm. expires Dec. 4, 1945. Lenna Agbille Notary Public, residing at Cherokee, Okla
(SEAL)
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 19 1943 by Mary E. Eder Registrar.

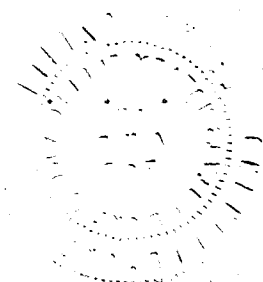
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JUN 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

132-121-044-289

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **372852**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No. Gen. Delivery
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 0 years 5 months 30 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No. Gen. Delivery
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
3. **RESIDENCE OF FATHER** (city, state) Lidvale, Idaho

4. **FULL NAME OF CHILD** Philip Harris Alsterberg
5. Date of Birth of Child Sept. 21, 1910
(Month, day, year)
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Charles Philip Alsterberg
11. Color White 12. Age at time of THIS birth 41 yrs.
13. Birthplace Sweden
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Rosa Alsterberg Shirts
17. Color White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Polk City Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
State of Oregon County of Jefferson } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 32 years, and that Charles Alsterberg, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosa Alsterberg Signature
Maplewood P. O. Address
Subscribed and sworn to before me this 17th day of June, 1943.
(SEAL) Elmer J. Jensen Notary Public, residing at Portland, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Notary Public for Oregon

Received for filing on JUN 21 1943 by Mary E. Eder Registrar.
Commission expires Feb. 28, 1945

JUN 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-207035-192

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **372879**

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County Nezperce (b) City Hookout

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: Parents Home

(e) Mothers stay **BEFORE** delivery:
In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Nezperce

(c) City Hookout

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hookout Idaho

4. **FULL NAME OF CHILD** Violet Joy Starcher

5. Date of Birth of Child
(Month, day, year) 12-7-1910

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Carl Eldoras Starcher

11. Color or Race White 12. Age at time of THIS birth 25 yrs.

13. Birthplace Washington Kansas
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Iva Myrtle Arbuckle

17. Color or Race White 18. Age at time of THIS birth 21 yrs.

19. Birthplace Pilot Rock Oregon
(City or town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by (First name) (Last name)

who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Lewis

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that

J. J. Harrington (First name) (Last name), who attended this birth is now deceased I further

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carl E. Starcher Signature

Winchester Idaho P. O. Address

Subscribed and sworn to before me this 7th day of June, 1943

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 12-914, Idaho Code Annotated.)

Received for filing on JUN 22 1943 by Mary E. Elder Registrar.

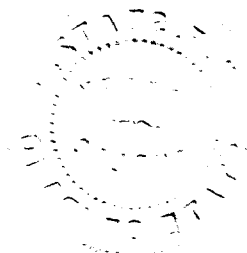
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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793-104025-168

United States
Department of Commerce
Bureau of the Census

JUN 21 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **374049**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho Co (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home

(e) Mothers stay BEFORE delivery:
In THIS county 9 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho Co
(c) City Grangeville
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? Three yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville Idaho4. FULL NAME OF CHILD Arthur Belbert Gilbert

5. Date of Birth of Child
(Month, day, year) Oct 4 - 1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Mathias Gilbert
11. Color or Race white 12. Age at time of THIS birth 48 yrs.
13. Birthplace Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation mining
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie Peff Johnson Gilbert
17. Color or Race white 18. Age at time of THIS birth 29 yrs.
19. Birthplace Lin Co Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 6 P. M. on the date 6/8/43 and at the place stated above, and that personal particulars were furnished by the mother who is related as Jennie Johnson Gilbert makes (Mother, etc.) (First name) (Last name)
25. Attendant's OWN signature Blanche Wassmund Address 910 Boylston St. Chestnut Hill, Mass Date 6/8/43

State of
County of ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address

Subscribed and sworn to before me this day of 19.....

(SEAL)

....., Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 21 1943 by Mary E. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 12 1970

JUN 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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967-103032-533

374061

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Lincoln (b) City Shoshone

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(at home)

(e) Mother's stay BEFORE delivery:

IN THIS county 6 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Lincoln(c) City Shoshone(d) Street Address or R.F.D. No. --(e) How long has MOTHER lived in Idaho? 28 yrs.3. RESIDENCE OF FATHER (city, state) Dead

4. FULL NAME

OF CHILD Fred Harold Hopple

7. Twin or

Triplet

single

If so—born

1st, 2nd, 3rd

8. No. months

of Pregnancy 99. Legitimate? yes

5. Date of Birth of Child

(Month, day, year) June 3, 19106. Sex male

FATHER OF CHILD

10. FULL

NAME Edward Burton Hopple

11. Color

or Race white

12. Age at time

of THIS birth 37 yrs.

13. Birthplace

East Strausburg, Pa.

(City or town)

(State or foreign country)

14. Exact

Occupation Brakeman

15. Industry or

Business Union Pacific Ry. Co

16. FULL MAIDEN

NAME Minnie May Ellis

17. Color

or Race white

18. Age at time

of THIS birth 30 yrs.

19. Birthplace

Alcester, South Dak.

(City or town)

(State or foreign country)

20. Exact

Occupation Housewife

21. Industry or

Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother; (a) At time of birth and including this child 3rd (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is

related to this child as _____

(Mother, etc.)

(First name)

(Last name)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of WashingtonCounty of Clark

ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 33 years, and that(unknown) Zeller

(First name)

(Last name)

, who attended this birth cannot locate I further state that

(Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie May Hopple Harris

Signature

Vancouver, Washington, route 6 box 300 O. AddressSubscribed and sworn to before me this 21st day of June, 19 43

(SEAL)

Notary Public, residing at Vancouver

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on

by

Registrar.

JUN 25 1943

Mary E. Elder

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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383-227028-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **374086**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Kootenai</u> (b) City <u>Coeur D'Alene</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>1</u> years <u>6</u> months <u></u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>Kootenai</u> (c) City <u>Coeur D'Alene</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>1 1/2</u> yrs.	
4. FULL NAME OF CHILD <u>Marjorie Estelle Tyler</u>		5. Date of Birth of Child (Month, day, year) <u>Sept. 27, 1940</u>	
6. Sex <u>Female</u> 7. Twin or Triplet <u>x</u> If so—born 1st, 2nd, 3rd <u>x</u>		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>William J. Tyler</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>40</u> yrs. 13. Birthplace <u>New Uhm - Minnesota</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Newspaper Editor</u> 15. Industry or Business <u>Printing</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Edith Ella Carter</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>27</u> yrs. 19. Birthplace <u>Lyle Township - Minnesota</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>x</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's
OWN signature **M.D.** **Address** **Date**

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 59 years of age, that I have known this person for 32 years, and that
Dr. Hunter who attended this birth 15 Now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Signature Edith Ella Carter Tyler Ramsey
P. O. Address W. H. Merrill Ave. Coeur D'Alene

Subscribed and sworn to before me this 21st day of June, 1940
(SEAL) E. H. Olson Notary Public, residing at SPRING VALLEY, IDAHO
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 28 1943 by Mary E. Elder, Registrar.

JUN 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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315 230-016-533

374091

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 25 1943

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Rossia (b) City Oakley
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Rossia
(c) City Oakley
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) 5 years

4. **FULL NAME OF CHILD** Annie Winnifred Langlois
5. Date of Birth of Child May 30, 1910
(Month, day, year)

6. Sex Female 7. Twin or Triplet no If so—born _____
1st, 2nd, 3rd _____ 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** David Richard Langlois
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Huntsville Utah
(City or town) (State or foreign country)
14. Exact Occupation Bank Cashier
15. Industry or Business Banking

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Edith Maud Ellerby
17. Color or Race White 18. Age at time of THIS birth 36 yrs.
19. Birthplace Bradford England
(City or town) (State or foreign country)
20. Exact Occupation Wife & home-maker
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
(Mother, etc.)
above that I am now 69 years of age, that I have known this person for 33 years, and that
Dr. A. F. O. Nielson who attended this birth is now deceased
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Edith Maud Ellerby Langlois Signature
171-1st Ave. Salt Lake City, Utah P.O. Address

Subscribed and sworn to before me this 21st day of June, 1943
(SEAL) G. Vernon Langlois Notary Public, residing at Salt Lake
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 25 1943 by Mary E. Egan, Registrar.

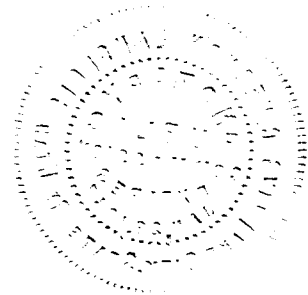
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JUN 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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793-207-044-435

374098

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Was. Kingdon</u> (b) City <u>Weiser</u> (c) Street Address or R.F.D. No. <u>4th St.</u> (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Weiser</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>1 1/2</u> yrs.	
4. FULL NAME OF CHILD <u>Silver Jane Gilbert</u>		5. Date of Birth of Child (Month, day, year) <u>April 7/1910</u>	
6. Sex <u>Female</u>	7. Twin or Triplet _____	8. No. months of Pregnancy _____	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Samuel Joseph Gilbert</u>		16. FULL MAIDEN NAME <u>Mary Keziah McElroy</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>4 1/2</u> yrs.		18. Age at time of THIS birth <u>39</u> yrs.	
13. Birthplace <u>Carter County Kentucky</u> (City or town) (State or foreign country)		19. Birthplace <u>Cedar County Iowa</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Contractor & Builder</u>		20. Exact Occupation <u>House Wife</u>	
15. Industry or Business _____		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's _____ M.D. _____ Address _____ Date _____
OWN signature _____ Midwife _____

State of California } ss.
County of Kern

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the Older Sister of the person whose name appears in Item 4, (Mother, etc.)
above, that I am now 52 years of age, that I have known this person for 33 years, and that Dr. Hamilton (First name) (Last name) who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Emma B. Lancaster Signature
Delano Calif. P. O. Address

Subscribed and sworn to before me this 19th day of June, 1943
(SEAL) _____
(Note: Perjury is punishable as Felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) _____
Notary Public, residing at Delano, Calif
Commission Expires Dec 12 1944

Received for filing on JUN 28 1943 by Mary Elder Registrar.

JUN 28 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record in the Bureau of Vital Statistics for the~~ purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

669-206022-349

374101

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City S. T. Anthony
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: _____

(e) Mothers stay BEFORE delivery:

In THIS county 23 years _____ months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont
(c) City S. T. Anthony
(d) Street Address or R.F.D. No. 2

(e) How long has MOTHER lived in Idaho? 23 yrs.3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME

OF CHILD Angie Opal Worrell

5. Date of Birth of Child

(Month, day, year) Sept. 6 1910

6. Sex Female 7. Twin or Triplet No

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Paola P Worrell
11. Color or Race White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Carroll Co. Virginia
(City or town) (State or foreign country)
14. Exact Occupation Farmer and Stockman
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia C. Worrell
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Chester Idaho
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Argyrol23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of Idaho } ss.
County of Fremont }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, Being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 56 years of age, that I have known this person for 33 years, and that
Dr. Hummel who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Paola C. Worrell Signature
Chester, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of June, 1943

(SEAL)

O. R. Meservey, Probate Judge

Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 25 1943 by Mary E. Edgar, Registrar.

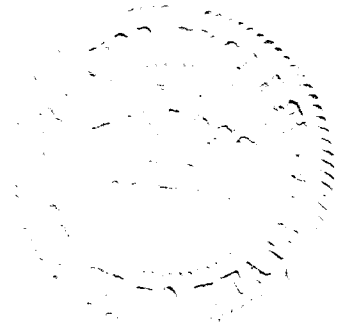
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



296-108 009-269

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

374111
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County BONNEM (b) City PRIEST RIVER
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: none
IN THIS county one years ten months ten days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County BONNEM
(c) City PRIEST RIVER
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

4. **FULL NAME OF CHILD** ELMEY MAYVIN BROWN

5. Date of Birth of Child
(Month, day, year) APRIL 8, 1910

6. Sex MALE 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** EDWARD E. BROWN
11. Color WHITE 12. Age at time of THIS birth 30 yrs.
13. Birthplace Bonnam, Montana
(City or town) (State or foreign country)
14. Exact Occupation HOMESTEADER (FARMER)
15. Industry or Business AGRICULTURE

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alta Mariah Sorensen
17. Color WHITE 18. Age at time of THIS birth 25 yrs.
19. Birthplace Priest, Idaho
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business ABOVE

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BOYN A LIVE at — M. on the date —
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by —, who is related to this child as —
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature — M.D. — Address — Date —

State of Montana
County of Cascade } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 33 years, and that Mr. John Chambers who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alta Mariah Brown Signature

GREAT FALLS, MONTANA P. O. Address

Subscribed and sworn to before me this 24th day of June, 1943.

(SEAL)

Charles R. Lowery

Notary Public, residing at —

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17914, Idaho Code Annotated.)

Received for filing on JUN 29 1943 by Mary E. Elder, Registrar.

OCT 3 1973

JUN 29 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

719-114011-366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **374113**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Boundary</u> (b) City <u>Bonnars Ferry</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county <u>4</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Boundary</u> (c) City <u>Bonnars Ferry</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>4</u> yrs.	
4. FULL NAME OF CHILD <u>James Herman Parker</u>		5. Date of Birth of Child (Month, day, year) <u>Feb. 14, 1910</u>	
6. Sex <u>male</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet If so—born 1st, 2nd, 3rd		9. Legitimate? <u>yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>James Creed Parker</u>		16. FULL MAIDEN NAME <u>Edna Pearl Coons</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>25</u> yrs.		18. Age at time of THIS birth <u>23</u> yrs.	
13. Birthplace (City or town) <u>Tennessee</u> (State or foreign country)		19. Birthplace (City or town) <u>Lincoln</u> (State or foreign country) <u>Nebraska</u>	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Farming</u>		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Idaho or Oregon
County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4 above, that I am now 55 years of age, that I have known this person for 33 years, and that Edna Blankin (First name) (Last name), who attended this birth Dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna Pearl Parker Signature
Graham Oregon P. O. Address

Subscribed and sworn to before me this 24th day of June 1943
(SEAL) O. P. May Notary Public, residing at Arthur
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code)

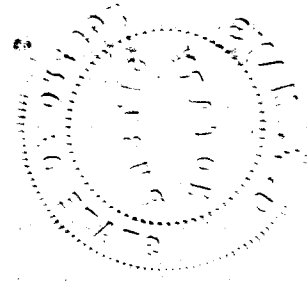
Received for filing on JUN 29 1943 by Mary E. Le... Registrar.

JUN 29 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

314-207-028-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **374125**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Kootenai</u> (b) City <u>Harrison</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Born in mother's home</u> (e) Mother's stay BEFORE delivery: <u>IN THIS county</u> <u>2</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Kootenai</u> (c) City <u>Harrison</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>Winifred Edhel Champion</u>		3. RESIDENCE OF FATHER (city, state) <u>Harrison Idaho</u>	
6. Sex <u>female</u> 7. Twin or Triplet <u>Triplet</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>		5. Date of Birth of Child (Month, day, year) <u>July 7th 1910</u>	
FATHER OF CHILD 10. FULL NAME <u>John Champion</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>50</u> yrs. 13. Birthplace <u>Kilkenny Ireland</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Salesman Merchant</u> 15. Industry or Business <u>Dry Goods Store</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Winifred Margaret Walsh</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>40</u> yrs. 19. Birthplace <u>Roskelton Ireland</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum.			
23. Number of children of this mother: (a) At time of birth and including this child <u>75</u> (b) Born alive and now living <u>24</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related to this child as (Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of California }
County of San Joaquin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 33 years, and that Dr. Busby (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wm. Winifred Champion Signature
739 N. Center St. Stockton, Calif P. O. Address

Subscribed and sworn to before me this 22 day of June, 1943
(SEAL) Helmer B. Sandberg Notary Public, residing at Stockton, Cal.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1943 by Mary E. Eldon Registrar.

681175

JUN 29 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

693-217 025-432
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

374128
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Preston</u> (c) Street Address or R.F.D. No. <u>Unknown</u> (d) Name of Hospital or Maternity Home: <u>Private Home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>Two</u> years <u>four</u> months <u>—</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>California</u> (b) County <u>Idaho</u> (c) City <u>Preston</u> (d) Street Address or R.F.D. No. <u>Unknown</u> (e) How long has MOTHER lived in Idaho? <u>Two</u> yrs.	
4. FULL NAME OF CHILD <u>Maehelle Wilcox</u>		5. Date of Birth of Child (Month, day, year) <u>July 17th 1910</u>	
6. Sex <u>Female</u> 7. Twin or Triplet <u>—</u> If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>Nine</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Olive Le Roy Wilcox</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>47</u> yrs. 13. Birthplace <u>Farmington Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>None</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Olive Ida McHargie</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace <u>Breadford Australia</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>None</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>five</u> (b) Born alive and now living <u>six</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of California } ss.
County of Los Angeles

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 33 years, and that I do not remember who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 23rd day of June, 1943, at San Fernando.
(SEAL) E. M. PRINCE, JR. Notary Public, residing at San Fernando, Cal.
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)
My Commission Expires Jan. 30, 1944

Received for filing on JUN 29 1943 by Maud E. Eder Registrar.

JUN 29 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



813 228 018-243

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

JUN 23 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **374148**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County CLEARWATER (b) City R.F.D.
(c) Street Address or R.F.D. No. Teakean P.O.
(d) Name of Hospital or Maternity Home: BORN AT HOME OF PARENTS
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County CLEARWATER
(c) City R.F.D.
(d) Street Address or R.F.D. No. Teakean P.O.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

4. **FULL NAME OF CHILD** FRANCES MARY HALL
7. Twin or Triplet
6. Sex FEMALE If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Teakean, Idaho
5. Date of Birth of Child (Month, day, year) April 28 1910
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Charles Elmer Hall
11. Color or Race wht 12. Age at time of THIS birth 37 yrs.
13. Birthplace Boone Iowa (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business Stock and wheat Farmer

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Leona Cline Sutton
17. Color or Race wht 18. Age at time of THIS birth 25 yrs.
19. Birthplace R.F.D. Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business x

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature IDAHO M.D. Address Date
Midwife

State of IDAHO } ss.
County of LATAH

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the AUNT of the person whose name appears in Item 4, (Mother, etc.)
above, that I am now 50 years of age, that I have known this person for always years, and that DR. STONEBURNER who attended this birth. always I further (First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (Is now deceased) or (Cannot be located)

Mrs. Nova Pearson Signature
KENDRICK, IDAHO P.O. Address

Subscribed and sworn to before me this 23rd day of June, 1943.
(SEAL) [Signature] Notary Public, residing at Kendrick
(Note: Perjury is punishable as a felony in Idaho see Sec. 17-914, Idaho Code Annotated.)

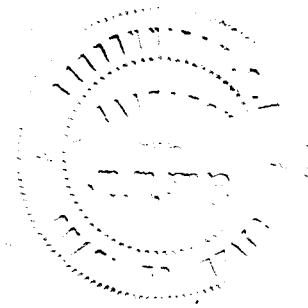
Received for filing on JUN 23 1943 by Marj E. Elder Registrar.

JUN 29 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



612 230 010 449

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **374153**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Bonneville** (b) City **Idaho Falls, Idaho**
(c) Street Address or R.F.D. No. **561 B St.**
(d) Name of Hospital or Maternity Home: **Home**

(e) Mothers stay BEFORE delivery:

In THIS county **3** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Bonneville**
(c) City **Idaho Falls, Idaho**
(d) Street Address or R.F.D. No. **561 B St.**

(e) How long has MOTHER lived in Idaho? **46** yrs.3. RESIDENCE OF FATHER (city, state) **Idaho Falls, Idaho**4. FULL NAME OF CHILD **Margie Lydia Wakeman**5. Date of Birth of Child **March 30, 1910**
(Month, day, year)6. Sex **Female** 7. Twin or Triplet If so—born 1st, 2nd, 3rd8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME **Eric Herman Wakeman**11. Color or Race **White** 12. Age at time of THIS birth yrs.13. Birthplace **Vassa Finland**
(City or town) (State or foreign country)14. Exact Occupation **American Palace**15. Industry or Business **Livery and Feed Business**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Beulah Miller**17. Color or Race **White** 18. Age at time of THIS birth yrs.19. Birthplace **Bountiful Utah**
(City or town) (State or foreign country)20. Exact Occupation **Housewife**

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child **3** (b) Born alive and now living **3**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **BORN ALIVE** at **10⁰⁰** A.M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by **BEULAH WAKEMAN**
who is related as **MOTHER** (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of **Utah** County of **Salt Lake** ss.

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4, above, that I am now **57** years of age, that I have known this person **since birth** years, and that **S. J. Truller** who attended this birth **Cannot be located** I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Beulah Wakeman Signature
824 E. 2nd St. Salt Lake City, Utah P. O. Address

Subscribed and sworn to before me this **25** day of **June**, 19**43**

(SEAL)

Dernice Homer Notary Public, residing at **Salt Lake City Utah**

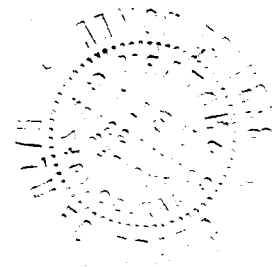
Received for filing on **JUN 28 1943** by **Mary E. Eder** Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

619 702 031 -366

374154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Lewiston</u> (b) City <u>Kippin</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Lewiston</u> (c) City <u>Kippin</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.
3. RESIDENCE OF FATHER (city, state) <u>Kippin, Ida.</u>		

4. FULL NAME OF CHILD <u>Curtis William Warnstaff</u>	5. Date of Birth of Child (Month, day, year) <u>May 2, 1910</u>
6. Sex <u>Male</u>	8. No. months of Pregnancy <u>9</u>
7. Twin or Triplet _____	9. Legitimate? <u>Yes</u>

FATHER OF CHILD

10. FULL NAME <u>William Henry Warnstaff</u>
11. Color or Race <u>White</u>
12. Age at time of THIS birth <u>24</u> yrs.
13. Birthplace <u>Colton Washington</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Sawmill worker</u>
15. Industry or Business <u>Sawmill</u>

MOTHER OF CHILD

16. FULL MAIDEN NAME <u>Jeannette Isabel Cooke</u>
17. Color or Race <u>White</u>
18. Age at time of THIS birth <u>26</u> yrs.
19. Birthplace <u>Milford Illinois</u> (City or town) (State or foreign country)
20. Exact Occupation <u>Housewife</u>
21. Industry or Business <u>Home</u>

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child. _____ (b) Born alive and now living. _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____

State of Oregon } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of COOS }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person all his life, and that Litchfield deceased, who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie Cooke Warnstaff Signature
Coquille, Oregon P. O. Address

Subscribed and sworn to before me this 22nd day of June, 1943
(SEAL) Allice M. Anderson Notary Public, residing at Coquille, Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-314, Idaho Code Annotated.)

Received for filing on JUN 28 1943 by Mary E. Eder, Registrar.

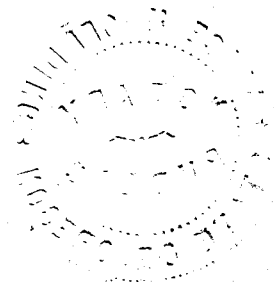
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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

915-129 022 -355-

United States
Department of Commerce
Bureau of the Census

JUN 28 1913

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **374203**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City Kilgore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home

(e) Mothers stay BEFORE delivery:
In THIS county 3 years 8 months 24 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont
(c) City Kilgore
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Irvin Leroy Kanesack

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

6. Sex male

5. Date of Birth of Child (Month, day, year) Jan. 29 1910

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Henry Kanesack

11. Color or Race White 12. Age at time of THIS birth 35 yrs.

13. Birthplace Burgess, Illinois (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Helen Caroline TEVEBAUGH

17. Color or Race White 18. Age at time of THIS birth 18 yrs.

19. Birthplace Saguache, Colorado (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nil

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 6:45 A.M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Mrs. Henry E. Kanesack

(First name)

(Last name)

who is related as Mother

(Mother, etc.)

25. Attendant's OWN signature Mrs. Esther Taylor M.D. Address Kilgore Idaho Date June 28, 1913

Midwife

Address

Date

State of } ss.
County of

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4,

(Mother, etc.)

above, that I am now years of age, that I have known this person for years, and that

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this day of, 19.....

(SEAL)

....., Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 28 1913 by Mary Fielder, Registrar.

AUG 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

663 206 003 194

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

374208

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Bancroft
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home:
Born at residence
(e) Mother's stay **BEFORE** delivery:
IN THIS county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Bancroft
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bancroft, Ida

4. **FULL NAME OF CHILD** Mollie Ardea Wolford
5. Date of Birth of Child (Month, day, year) Aug. 6, 1910
6. Sex female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Guy Overton Wolford
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Marysville, Mo.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Meda Florence Armstrong
17. Color White 18. Age at time of THIS birth 25 yrs.
19. Birthplace What Cheer, Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
(First name) (Last name)
related to this child as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of California }
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 32 years, and that Minnie Eaton who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Meda F. Wolford Signature
5454 S. Chesley, Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me this day of 19.....
(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 - 1943 by Mary E. Elder Registrar.

JAN 29 1975

JUL 8 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

312-104042993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **374217**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 452 3rd. Ave. West
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 5 years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. 452 3rd. Ave. West
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Twin Falls, Idaho
5. Date of Birth of Child
(Month, day, year) March 4, 1910

4. **FULL NAME OF CHILD** HAROLD OLIVER TABER
6. Sex Male 7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd --
8. No. months of Pregnancy 9 9. Legitimate? Yes

10. **FULL NAME** Oliver Perry Taber
11. Color White 12. Age at time of THIS birth 20 yrs.
13. Birthplace Lanark, Illinois
(City or town) (State or foreign country)
14. Exact Occupation Truck Driver
15. Industry or Business Coal business with father.

16. **FULL MAIDEN NAME** Ivy Myrtle Rice
17. Color White 18. Age at time of THIS birth 19 yrs.
19. Birthplace Des Moines, Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Household duties

22. Name prophylactic used to prevent Ophthalmia Neonatorum --
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 7 P. M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Ivy Myrtle Taber
who is related as mother (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature -- M.D. _____ Address _____ Date _____
Midwife _____

State of Nevada } ss.
County of Washoe }

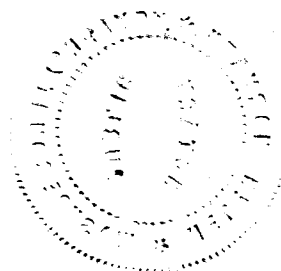
AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
above, that I am now 52 years of age, that I have known this person for 33 years, and that
Dr. Pike, who attended this birth, now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.
Joy M. Taber Signature
339 Roberts Street P. O. Address
Reno, Nevada
Subscribe and sworn to before me this 28th day of June, 1943.
(SEAL) Helene Horvath, Notary Public, residing at Reno, Nevada.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 - 1943 by Mary E. Elder, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



239-111 042-893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **374223**

Local Reg. No. _____

Reg. Dist. No. _____

1. **PLACE OF BIRTH**
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 5th Ave East
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. _____ days.
In **THIS** county _____ years 3 month 10 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 5th Ave East
(e) How long has MOTHER lived in Idaho? 3 mo.
(f) Mother's mailing address. Twin Falls, Idaho

3. **RESIDENCE of FATHER** (city, state): Twin Falls Idaho

4. **FULL NAME OF CHILD** Joseph Harrison Klitz
5. **Date of Birth** (Month, day, year) Oct 11-1910
6. Sex male 7. Twin or Triplet r If so—born 1st, 2nd, 3rd r

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

MOTHER OF CHILD

10. **FULL NAME** William Frederick Klitz
11. Color white 12. Age at time of THIS birth 40 yrs.
13. Birthplace Mount Pleasant Michigan
(City or town) (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business Mining

16. **FULL MAIDEN NAME** Stella Mae Hice
17. Color white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Crawford, Colorado
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. **Number of children of this mother:** (a) At time of birth and including this child one (b) Born alive and now living yes
(c) Born alive and now dead _____ (d) Stillborn _____

24. I **HEREBY CERTIFY** That I attended the birth of this child, who was born alive at 1:20 P. M. on the date _____ and at the place stated above, and that personal particulars were furnished by Stella Klitz, who is related to this child as Mother (Mother, etc.)

26. (a) JUL 2 - 1943 (Date received) _____
27. Given name added on _____ by _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date _____

State of Nevada } ss.
County of Clark

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Stella M. Klitz, being first duly sworn, say that I am related (Related to (or) acquainted with) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that J. R. Morgan M.D., who attended said birth. deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Stella Mae Klitz Signature
Contest Nevada P. O. Address

Subscribed and sworn to before me on this 23rd day of June, 1943
(SEAL) W. A. Southard Notary Public, residing at Contest, Nev.
Justice of the Peace

ENCL 8 TAP

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 33, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

239 206-029-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is true of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **374226**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County **Latah** (b) City **Moscow**
(c) Street Address or R.F.D. No. **913 S. Jefferson**
(d) Name of Hospital or Maternity Home:
Born at home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State **Idaho** (b) County **Latah**
(c) City **Moscow**
(d) Street Address or R.F.D. No. **913 S. Jefferson**
(e) How long has **MOTHER** lived in Idaho? **21?** yrs.

4. **FULL NAME OF CHILD** **Edna May Strong**

5. Date of Birth of Child
(Month, day, year) **Oct. 6, 1910**

6. Sex **Female**

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd.

8. No. months
of Pregnancy **9**

9. Legitimate? **Yes**

FATHER OF CHILD

10. **FULL NAME** **Alvah Strong**

11. Color **White** 12. Age at time
or Race **White** of this birth **34** yrs.

13. Birthplace **Canton Illinois**
(City or town) (State or foreign country)

14. Exact
Occupation **Bookkeeper**

15. Industry or
Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** **Agnes Danly**

17. Color **White** 18. Age at time
or Race **White** of this birth **24** yrs.

19. Birthplace **Colton Washington**
(City or town) (State or foreign country)

20. Exact
Occupation **Housewife**

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child **One** (b) Born alive and now living **Three**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's
OWN signature

M.D. Address
Midwife

Date

State of **Idaho**
County of **Latah** } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **Father** of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now **sixty-six** years of age, that I have known this person for **thirty-three** years, and that

Dr. Joseph Aspray, who attended this birth, **is now deceased** I further
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Subscribed and sworn to before me this **38** day of **June**, 19**43**

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Alvah Strong Signature
Garfield, Washington R. 1 P. O. Address

Received for filing on **JUL 2 - 1943** by **Mary E. Eder** Registrar.

274 8 TAC

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

969-101040-312

374241

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 5 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
3. **RESIDENCE OF FATHER** (city, state) Kellogg Ida.

4. **FULL NAME OF CHILD** Edward Peter Zoret
5. Date of Birth of Child
(Month, day, year) Oct. 1, 1910
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Peter Zoret
11. Color or Race white 12. Age at time of THIS birth 37 yrs.
13. Birthplace Tyrol Austria
(City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Tasainer
17. Color or Race white 18. Age at time of THIS birth 29 yrs.
19. Birthplace Tyrol Austria
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyol
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 4 p.m. M. on the date and at the place stated above, and that personal particulars were furnished by Anna Zoret
(Born alive, stillborn) (First name) (Last name)
who is related as Mother
(Mother, etc.)
25. Attendant's OWN signature G. R. Mason M.D. Address Kellogg Idaho. Date June 26, 1913
Midwife

State of Idaho } ss.
County of Shoshone }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that , who attended this birth I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

 Signature
 P. O. Address

Subscribed and sworn to before me this day of , 1913.

(SEAL)

 , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 - 1913 by Mary E Elder, Registrar.

1937 4 700

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

399-206 001-814

United States
Department of Commerce
Bureau of the Census

JUL 2 1943

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

374252

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 10 mi. so. of
(d) Name of Hospital or Maternity Home: Meridian
none

(e) Mother's stay BEFORE delivery:
IN THIS county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 10 mi. so. of
(e) How long has MOTHER lived in Idaho? 4 mo. yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Ida.

4. FULL NAME OF CHILD

Ruth Marie Crick

5. Date of Birth of Child

(Month, day, year) Dec. 6, 1910

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Floyd Kelly Crick

11. Color or Race White 12. Age at time of THIS birth 23 yrs.

13. Birthplace Cowan Tennessee
(City or town) (State or foreign country)

14. Exact Occupation Construction foreman

15. Industry or Business Road Construction

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Norman Hamilton

17. Color or Race White 18. Age at time of THIS birth 20 yrs.

19. Birthplace Kansas City Missouri
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature

M.D. Address
Midwife

Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 33 years, and that

D. Dunton, who attended this birth now deceased. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Mabel Norman Hamilton Crick Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____

(SEAL)

Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 1943 by Mary Fielder, Registrar.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249 7230 029 847

United States

Department of Commerce

Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

374255

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County LATAH (b) City BOVILL

(c) Street Address or R.F.D. No. _____

(d) Name of Hospital or Maternity Home: _____

(e) Mothers stay BEFORE delivery: _____

In THIS county 2 years _____ months _____ days

4. FULL NAME OF CHILD NELLIE ANN FRANCIS SMITH

6. Sex FEMALE 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

FATHER OF CHILD

10. FULL NAME WILLIAM H. SMITH

11. Color or Race WHITE 12. Age at time of THIS birth 49 yrs.

13. Birthplace TIPPERCANOE MO. (City or town) (State or foreign country)

14. Exact Occupation Mechanic

15. Industry or Business _____

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County LATAH

(c) City JULIAETTA

(d) Street Address or R.F.D. No. _____

(e) How long has MOTHER lived in Idaho? 36 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO

5. Date of Birth of Child (Month, day, year) MAY 30-1910

8. No. months of Pregnancy 9

9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME LUCINDA F. HUGHES

17. Color or Race WHITE 18. Age at time of THIS birth 44 yrs.

19. Birthplace GLENWOOD MO. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____

(First name)

(Last name)

who is related as _____

(Mother, etc.)

25. Attendant's OWN signature _____

M.D. _____
Midwife _____

Address _____

Date _____

State of IDAHO } ss.
County of LATAH

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, (Mother, etc.)

above, that I am now 77 years of age, that I have known this person for always years, and that

MRS. SARAH FIELDING who attended this birth deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucinda F. Smith Signature

JULIAETTA IDAHO P. O. Address

Subscribed and sworn to before me this 29th day of June, 1943

(SEAL)

(Note: Perjury is punishable as a felony in Idaho (see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3-1943 by Mary Fielding Registrar.

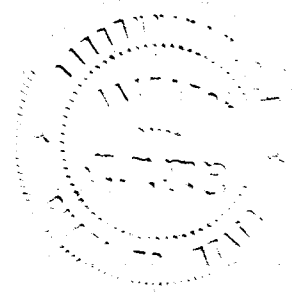
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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



552-225032-789

374387

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Lincoln</u> (b) City <u>Gooding</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mothers stay BEFORE delivery: In THIS county <u>20</u> years <u>11</u> months <u>20</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Lincoln</u> (c) City <u>Gooding</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>20</u> yrs.	
4. FULL NAME OF CHILD <u>Lucile Marian Nester</u> 7. Twin or Triplet..... If so—born 1st, 2nd, 3rd.....		5. Date of Birth of Child (Month, day, year) <u>July 25, 1910</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
6. Sex <u>Female</u> FATHER OF CHILD 10. FULL NAME <u>John B. Nester</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth yrs. 13. Birthplace <u>Moundridge, Kansas</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Barber</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Anne Laura Phillips</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>20</u> yrs. 19. Birthplace <u>Soldier, Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum 23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by.....
 who is related as..... (First name) (Last name)
 (Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Midwife

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 32 years, and that Anna Laura Nester who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

Anna Laura Nester Signature
Gooding, Ida P. O. Address

Subscribed and sworn to before me this 6th day of July, 1943
Neurn W. Lucke Notary Public, residing at Gooding
 (SEAL) (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 10 1943 by Mary E. Edgar Registrar.

6161 8 I 700

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

962 208 004-869

374393

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State Reg. No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 39 years 10 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

4. **FULL NAME OF CHILD** JUNE ROSE
5. Date of Birth of Child (Month, day, year) Oct. 8 1910

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Frederick William Rose
11. Color or Race White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Salt Lake City, Utah
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Employed by self

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Amelia Hersley
17. Color or Race White 18. Age at time of THIS birth 39 yrs.
19. Birthplace Providence, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Midwife

State of California ss.
County of Los Angeles

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now Seventy-one years of age, that I have known this person for thirty-two years, and that Dr. Guyon who attended this birth is now Deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (Is now deceased) or (Cannot be located)

X Mrs Amelia Rose Signature
2059 La Salle Ave. Los Angeles, Calif. Address

Subscribed and sworn to before me this 2nd day of July, 1933
(SEAL) D. N. Fein Notary Public, residing at 1788 W. Adams
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My Commission Expires Feb 3, 1945)

Received for filing on JUL 10 1943 by Mary E. Elden Registrar.

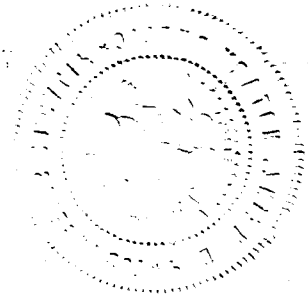
JUL 22 1976

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



659-231 035-258

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **374417**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Nez. Perce (b) City Peck
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At home

(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Nez. Perce
(c) City Peck
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD

Edna Maybelle Ferguson

5. Date of Birth of Child

(Month, day, year) May 31 1910

6. Sex F 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Tilden Ferguson

11. Color or Race White 12. Age at time of THIS birth 33 yrs.

13. Birthplace W. Virginia
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillie Francis Beyer

17. Color or Race White 18. Age at time of THIS birth 26 yrs.

19. Birthplace Minn
(City or town) (State or foreign country)

20. Exact Occupation School Teacher

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive 6 A.M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Lillie Francis Ferguson, who is related to this child as Mother (Mother, etc.)
(First name) (Last name)

25. Attendant's OWN signature J. M. Kyle M.D. Midwife Address Lewiston Idaho Date 7-7-1943

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1943 by Mary E. Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1943 JUL 14

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

168 219 038 815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

JUN 23 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **374451**
Local Reg. No. **2009**
Reg. Dist. No. **5**

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **Payette** (b) City **New Plymouth**
(c) Street Address or R.F.D. No. **none**
(d) Name of Hospital or Maternity Home: **at home**
(e) Mothers stay **BEFORE** delivery:
In **THIS** county **1** years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **Idaho** (b) County **Payette**
(c) City **New Plymouth**
(d) Street Address or R.F.D. No. **none**
(e) How long has **MOTHER** lived in Idaho? **5** yrs.
3. **RESIDENCE OF FATHER** (city, state) **New Plymouth, Idaho**

4. **FULL NAME OF CHILD** **Emily Emilia Johnson**
5. Date of Birth of Child **July 19, 1910**
(Month, day, year)

6. Sex **Female** 7. Twin or Triplet **No** If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy **9** 9. Legitimate? **yes**

- FATHER OF CHILD**
10. **FULL NAME** **James Johnson**
11. Color or Race **White** 12. Age at time of THIS birth **46** yrs.
13. Birthplace **Hojberg Jylland, Denmark**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** **Amelia Mary Hansen**
17. Color or Race **White** 18. Age at time of THIS birth **34** yrs.
19. Birthplace **Westfield, Wisconsin**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. **None**
23. Number of children of this mother: (a) At time of birth and including this child **7** (b) Born alive and now living **7**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **born alive** at **4** P. M. on the date **July 19, 1943**
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by **James Johnson**
who is related as **Father** (First name) (Last name)
(Mother, etc.)
25. Attendant's **OWN** signature **W T Drysdale** M.D. **Drysdale** Address **US Veterans Hospital, Boise, Idaho** Date **July 19, 1943**

State of **Idaho** } ss.
County of **Canyon**

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **Father** of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now **79** years of age, that I have known this person for **33** years, and that
Dr. William T. Drysdale who attended this birth. **cannot be located**
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Signature **James Johnson**
824 Denver St., Caldwell, Idaho P. O. Address
Subscribed and sworn to before me this **17** day of **June**, 19**43**
(SEAL) **Wm T Drysdale**, Notary Public, residing at **Caldwell, Idaho**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **JUN 23 1943** by **Marj E Elder** Registrar.

604 7 1 700

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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454 124 028 335

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. **374459**
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

JUL 14 1943 **STATE OF IDAHO**

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County KOOTENAY (b) City COEUR D'ALENE
(c) Street Address or R.F.D. No. UNKNOWN
(d) Name of Hospital or Maternity Home: UNKNOWN
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County KOOTENAY
(c) City COEUR D'ALENE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 MONTHS

4. **FULL NAME OF CHILD** FRANCIS ALERED DEMERS
7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) COEUR D'ALENE, IDAHO
5. Date of Birth of Child (Month, day, year) 7/24/10
8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD
10. **FULL NAME** LOUIS EDWARD DEMERS
11. Color or Race WHITE 12. Age at time of THIS birth 33 yrs.
13. Birthplace HARPER'S FERRY, IOWA
(City or town) (State or foreign country)
14. Exact Occupation TRAINMAN
15. Industry or Business RAIL ROAD

MOTHER OF CHILD
16. **FULL MAIDEN NAME** HILDA AGNES CLEMENSON
17. Color or Race WHITE 18. Age at time of THIS birth 20 yrs.
19. Birthplace FARGO, NORTH DAKOTA
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of WASHINGTON
County of KING } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4,
above, that I am now 53 years of age, that I have known this person for 32 years, and that
DR. DAVIS who attended this birth NOW DECEASED I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Hilda Agnes Demers Signature
2424 - 2nd AVE. WEST Address

Subscribed and sworn to before me this 18th day of July, 1943
(SEAL) M. Martine Notary Public, residing at Seattle
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 14 1943 by Mary E. Elder Registrar.

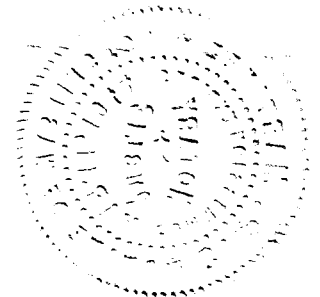
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JUL 15 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JUL 16 1943

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **374470**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home:
(e) Mother's stay BEFORE delivery:

In Hospital or Maternity Home Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No. S 12th St
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address (For registration notice):

(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (City or Town) Payette, Ida

4. FULL NAME OF CHILD

Almalee Cora Abrams

5. DATE OF BIRTH

(Month, day, year) Aug 6, 1910

6. Sex Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Robert Ramsey Abrams

11. Color White
or Race

12. Age at time
of THIS birth 50 yrs.

13. Birthplace Connell Bluff, Iowa
(City or Town) (State or foreign country)

14. Exact
Occupation Laborer

15. Industry
Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Cora Eucinda Purcell

17. Color White
or Race

18. Age at time
of THIS birth 38 yrs.

19. Birthplace Iowa
(City or Town) (State or foreign country)

20. Exact
Occupation Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silloid

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Cora Eucinda Purcell, who is
(First name) (Last name)

related to this child as Mother
(Mother, etc.)

26. (a) JUL 16 1943
(Date received)

(Registrar's signature)

25. Attendant's
OWN signature

Payette, Idaho (D.O., Midwife, etc.)
7/15/43

27. Given name added on by
(Registrar's signature)

and address Date

879 9 1 704

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of

.....
.....

(b) Labor: Complications:

.....
..... Induced?

(c) State all operations for delivery

.....
.....

(d) Did baby have any:

(1) Congenital Malformation?

Describe:

(2) Birth Injury?

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

00000

993 110-006 249

374471

United States (Be sure the information is as of date of birth of THIS child) State File No. _____
 Department of Commerce Local Reg. No. _____
 Bureau of the Census Bingham Reg. Dist. No. _____

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
 (a) County Bingham (b) City Coplar
 (c) Street Address or R.F.D. No. _____
 (d) Name of Hospital or Maternity Home: none
 (e) Mother's stay BEFORE delivery: _____
 IN THIS county _____ years _____ months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
 (a) State Idaho (b) County Bingham
 (c) City Coplar
 (d) Street Address or R.F.D. No. _____
 (e) How long has MOTHER lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Dead

4. FULL NAME OF CHILD Murrell Smith Rice
5. Date of Birth of Child (Month, day, year) June 10, 1910
6. Sex male **7. Twin or Triplet** no **If so—born** _____
8. No. months of Pregnancy 9 **9. Legitimate?** yes

FATHER OF CHILD
10. FULL NAME David Blair Rice
11. Color or Race white **12. Age at time of THIS birth** 46 yrs.
13. Birthplace North Ogden Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. FULL MAIDEN NAME Alice Rosema Smith
17. Color or Race white **18. Age at time of THIS birth** 43 yrs.
19. Birthplace Wiltshire England (City or town) (State or foreign country)
20. Exact Occupation House keeper
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2 cast remembrance for sure
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ✓ at 9:09 M. on the date _____ (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Alice Rice, who is related to this child as mother (First name) (Last name)
 (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Midwife** _____ **Address** deceased **Date** _____

State of Idaho County of Jefferson } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 33 years, and that Ellen Wheeler, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
 the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice R. Rice Signature
Birie Idaho P. O. Address
 Subscribed and sworn to before me this 14th day of July, 1943
 (SEAL) Paul A. Linton Notary Public, residing at Idaho
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

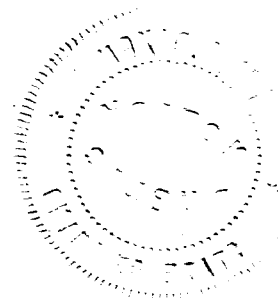
Received for filing on JUL 16 1943 by Mary E. Linton, Registrar.

1937 9 1 704

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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151-223 028 469

374497

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. 18

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Coeur D'Alene
(c) Street Address or R.F.D. No. Wallace St.
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Coeur D'Alene
(d) Street Address or R.F.D. No. Wallace St
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD

Frances Angela Anjel

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) 2-23-10

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME

Peter Anjel

11. Color or Race

White

12. Age at time of THIS birth 29 yrs.

13. Birthplace

Cernamel

(City or town)

Austria

(State or foreign country)

14. Exact Occupation

Mill Worker

15. Industry or Business

Lumber

MOTHER OF CHILD

16. FULL MAIDEN NAME

Anna Moravec

17. Color or Race

White

18. Age at time of THIS birth 27 yrs.

19. Birthplace

Cernamel

(City or town)

Austria

(State or foreign country)

20. Exact Occupation

House Wifc

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature

M.D. Address Date

State of Montana } ss.
County of Silver Bow

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for Life years, and that Dr. Darland, who attended this birth Cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Notes Anjel Signature

Subscribed and sworn to before me this 31 day of May

1201 E. Mercury O. Address Butte Mont.

(SEAL)

Notary Public, residing at Butte Mont.

(Note: Perjury is punished by law in Idaho and Montana, Idaho Code Annotated.)

Received for filing on _____ by _____ Registrar.

JUL 17 1943

JUL 10 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

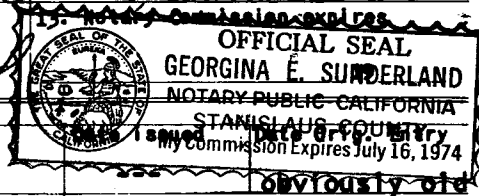
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713-209 030-354

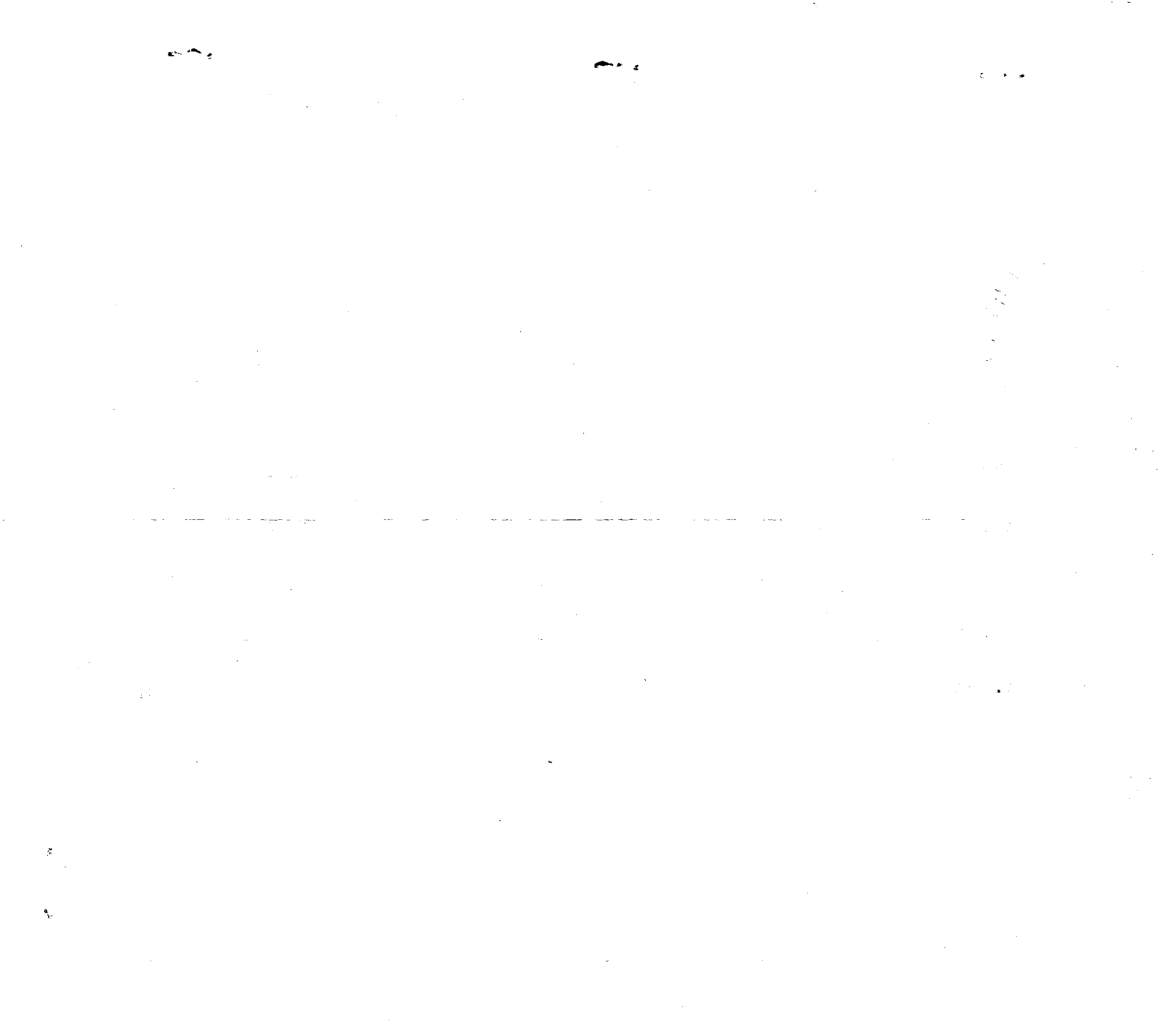
STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, IdahoDELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374509

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth <i>Virginia Angeline Palmer</i>				2. Date (month) (day) (year) <i>October 9, 1910</i>	
	3. Color or Race <i>white</i>	4. Sex <i>Female</i>	5. Place of Birth <i>Carmen</i>	a. County <i>Lemhi</i>	b. City or Town of Birth <i>Salmon</i>	
FATHER	6. Full Name of Father <i>James George Palmer</i>				7. State or Country of Father's Birth <i>Idaho</i>	
MOTHER	8. Full Maiden Name of Mother <i>Florence Amy Temple</i>				9. State or Country of Mother's Birth <i>California</i>	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.				10. Signature of Registrant <i>Virginia Q. Truesdell</i>	
NOTARY (Seal)	Subscribed and sworn to before me on <i>12-8-71</i> 19				11. Present Address of Registrant <i>1040 East D Street Oakdale, California 95361</i>	
				12. Signature of Notary <i>Georgia E. Sunderland</i>		
				13. Notary Commission Expires <i>July 16, 1974</i>		



APPLICANT - DO NOT WRITE BELOW THIS LINE					
SUPPORTING RECORD 1-	Type of Document photocopy of page from family Bible		By whom issued and signed Family Records in Bible		Name of Father James
	Date of Birth Oct. 9, 1910	Birth Place ----	Full Name of Mother Miss Temple		
SUPPORTING RECORD 2-	Type of Document Own child's birth certificate		By whom issued and signed On file Idaho #379083		Date issued ---
	Date of Birth Age: 29	Birth Place Salmon, Idaho	Full Name of Mother ----		Date Orig. Entry child born Feb. 28, 1940
SUPPORTING RECORD 3-	Type of Document Employment card		By whom issued and signed California Department of Employment		Date issued ---
	Date of Birth 1910	Birth Place ----	Full Name of Mother ----		Date Orig. Entry Aug. 14, 1946
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar <i>W. W. Benson</i>		Evidence reviewed by Glenda Larson		Date Filed January 5, 1972



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **374509**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Lemhi</u> (b) City <u>Salmon</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>6</u> years <u>6</u> months <u>9</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Lemhi</u> (c) City <u>Salmon</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>6</u> yrs.	
4. FULL NAME OF CHILD <u>Virginia Angeline Palmer</u>		5. Date of Birth of Child (Month, day, year) <u>Oct. 9 1911</u>	
6. Sex <u>female</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>James Palmer</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>23</u> yrs. 13. Birthplace <u>Thompson</u> (City or town) <u>Idaho</u> (State or foreign country) 14. Exact Occupation <u>farmer</u> 15. Industry or Business <u>farmer</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Florence Amy Temple</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>21</u> yrs. 19. Birthplace <u>Ventura</u> (City or town) <u>Calif.</u> (State or foreign country) 20. Exact Occupation <u>house wife</u> 21. Industry or Business <u>house wife</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. <u>none</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature California **M.D.** **Address** **Date**
California Midwife

AFFIDAVIT

State of California County of Santa Clara ss.
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 54 years of age, that I have known this person for 31 years, and that
Dr. Edward Hamman who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.
James B. Palmer Signature
3212 Maran Ave P. O. Address
Richmond, Calif
Subscribed and sworn to before me this 14th day of July, 1913
(SEAL) Louis Hamman Notary Public, residing at Richmond, Calif
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1913 by Mary E. Epler Registrar.

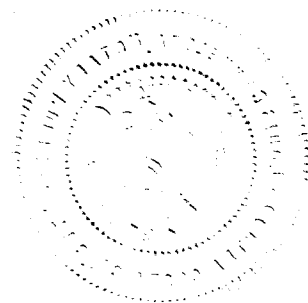
JAN 5 1972

JUL 20 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

619 111 040-759
1. PLACE OF BIRTH
County of Shoshone
City of Wallace
No. Grounding Hosp. St.
(If born in hospital or institution give name)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

374522

Registration District No. _____ State File No. _____
Print Registration District No. 148 Local Registrar's No. _____

2. FULL NAME OF CHILD John Samuel Farris

3. Sex M. If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ }
6. Premature _____ Full term yes
7. Legitimate? yes
8. Date birth Aug 11 1910
(Month, Day, Year)

9. Full name FATHER John L. Farris
10. Residence (usual place of abode) Wallace
(If non-resident, give place and State)
11. Color or race W 12. Age at last birthday 30 (years)
13. Birthplace (city or place) Marionville
(State or Country) Mo.
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chamber
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____
18. Full maiden name MOTHER Mary L. St. Germain
19. Residence (usual place of abode) Wallace
(If non-resident, give place and State)
20. Color or race W 21. Age at last birthday 24 (years)
22. Birthplace (city or place) Calmont
(State or Country) Miss.
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HW
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____
28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation _____ { months or weeks _____ }
30. Cause of Stillbirth _____ { During labor _____ Before labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was John Samuel Farris on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of)

Registrar.

(Signed) Mary E. E. E., M. D.

or _____, Midwife

Address _____

Filed JUL 20 1943 193 Mary E. E. E.

JUL 21 1943

JUL 20 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

569-2710088-386

375631

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: (home)
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 7 ~~2~~ years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

4. **FULL NAME OF CHILD** Helen Esther Northway
7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Rathdrum, Idaho
5. Date of Birth of Child (Month, day, year) 1 - 31 - 1910
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Frank Western Northway
11. Color or Race White 12. Age at time of THIS birth 41 yrs.
13. Birthplace Blue Earth, Minnesota
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business "

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Anna Mary Thomas
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace McGregor Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of } ss.
County of }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 67 years of age, that I have known this person for 33 years, and that
Mr. Frank Wemy who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Anna M. Northway Signature
5429 Colfax ave P. O. Address
Minneapolis, Minn.


Subscribed and sworn to before me this 15 day of July 1943
(SEAL) GEO. HARTZELL Notary Public, Kootenai County, Minn.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-214, Idaho Code, Annotated. My Commission Expires July 17, 1948.)

Received for filing on JUL 23 1943 by Mary E. Eder Registrar.

1882V8
JUL 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

 Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

375685
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Franklin</u> (b) City <u>Weston</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county <u>4</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Franklin</u> (c) City <u>Weston</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>4</u> yrs.	
4. FULL NAME OF CHILD <u>Floyd Thomas Morgan</u>		3. RESIDENCE OF FATHER (city, state) <u>Weston, Idaho</u>	

5. Date of Birth of Child (Month, day, year) <u>March 12, 1910</u>			
6. Sex <u>male</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Ezra Morgan</u>	16. FULL MAIDEN NAME <u>Christine Louise Peterson</u>	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>35</u> yrs.
11. Birthplace <u>Logan, Utah</u> (City or town) (State or foreign country)	19. Birthplace <u>Jularbo Kopparberg, Sweden</u> (City or town) (State or foreign country)	20. Exact Occupation <u>housewife</u>	21. Industry or Business
12. Age at time of THIS birth <u>42</u> yrs.			

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Ezra Burnath Morgan
(First name) (Last name)
who is related as Brother
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Franklin

I, the undersigned, being first duly sworn, say that I am the brother of the person whose name appears in Item 4,
above, that I am now 45 years of age, that I have known this person for 33 years, and that
Dr. Allen R. Cutler (First name) (Last name), who attended this birth deceased I further
(Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Subscribed and sworn to before me this 23 day of July, 1943
(SEAL) Allen R. Cutler Notary Public, residing at Weston, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1943 by Mary E. Eder Registrar.

APR 17 1970

JUL 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

255-115-001-663 375702 375702

United States (Be sure the information is as of date of birth of THIS child.) State File No. 375702
Department of Commerce Local Reg. No.
Bureau of the Census Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1617 Washington St.
(d) Name of Hospital or Maternity Home: born at home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 2 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ida
(c) City Boise
(d) Street Address or R.F.D. No. 1617 Washington St.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Joseph Randolph Kenny, Jr. 5. Date of Birth of Child May 15, 1910
(Month, day, year)

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD **MOTHER OF CHILD**

10. **FULL NAME** Joseph Randolph Kenny 16. **FULL MAIDEN NAME** Ella Carolyn Foltz
11. Color White 12. Age at time of THIS birth 30 yrs. 17. Color White 18. Age at time of THIS birth 27 yrs.
13. Birthplace Hollidaysburg, Penna. 19. Birthplace Superior, Wisconsin
(City or town) (State or foreign country) (City or town) (State or foreign country)
14. Exact Occupation Advertising Manager 20. Exact Occupation Housewife
15. Industry or Business Edwards Hindel Department Store 21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
who is related as.....(Mother, etc.)
25. Attendant's OWN signature M.D. Address Date 8-2-43
Iron Brick Midwife

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Aunt.....of the person whose name appears in Item 4,
above, that I am now 54 years of age, that I have known this person for 28 years, and that
..... both parents are now deceased, who attended this birth. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.
Mrs. Claire F. McRanna Signature
12920 - Small Drive - Los Angeles, Calif. P. O. Address
Subscribed and sworn to before me this 28 day of July, 1943
(SEAL) Green Notary Public, residing at Los Angeles, Cal.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on AUG 2 1943 by Registrar

AUG 2 - 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

796-203.232-434

375756

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH:
(a) County Linsale (b) City Shoshone
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
In Hosp or Mat. Home.....days.
In THIS county.....5.3.....years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Linsale
(c) City Shoshone
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho?.....5.3.....yrs.
(f) Mother's mailing address.....Shoshone
3. RESIDENCE OF FATHER (city, state) Shoshone, Idaho

4. FULL NAME OF CHILD Ruth Grosse
6. Sex F
7. Twin or Triplet
If so—born 1st, 2nd, 3rd

5. Date of Birth (Month, day, year) July 3, 1910
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Frank Edward Grosse
11. Color or Race white 12. Age at time of THIS birth 46 yrs.
13. Birthplace Germany
(City or town) (State or foreign country)
14. Exact Occupation Mechanical Foreman
15. Industry or Business Railroad

MOTHER OF CHILD
16. FULL MAIDEN NAME Carrie McMoran
17. Color or Race white 18. Age at time of THIS birth 31 years
19. Birthplace Buffalo Colorado
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child.....4..... (b) Born alive and now living.....4.....
(c) Born alive and now dead.....0..... (d) Stillborn.....0.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at 1:15 P. M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Carrie Grosse, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

26. (a) JUL 28 1943 (b) (Registrar's signature)
(Date received)
27. Given name added on.....by.....
(Registrar's signature)

25. Attendant's H. R. Baugh M.D. or (D.O., Midwife, etc.)
OWN signature Shoshone and address Date 7-4-41

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with)
.....as..... (State relationship or acquaintance)
(Name of person on certificate above)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended (Name of attendant at birth)
said birth.....and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this.....day of.....

(SEAL)

Notary Public, residing at.....

Name.....
P. O. Address.....

STATE OF IDAHO

JUL 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

859-211.035433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 375759
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Nez Perce</u> (b) City <u>Culdesac</u> (c) Street Address or R.F.D. No. <u>3</u> (d) Name of Hospital or Maternity Home: <u>none-at home</u> (e) Mothers stay BEFORE delivery: In THIS county years <u>2</u> months <u>4</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City <u>Culdesac</u> (d) Street Address or R.F.D. No. <u>3</u> (e) How long has MOTHER lived in Idaho? <u>33</u> yrs.	
4. FULL NAME OF CHILD <u>Elsie Myre- Heinzerling</u>		3. RESIDENCE OF FATHER (city, state) <u>Culdesac, Idaho</u>	
6. Sex <u>girl</u>		5. Date of Birth of Child (Month, day, year) <u>July 11th, 1910</u>	
7. Twin or Triplet		8. No. months of Pregnancy <u>9</u>	
If so—born 1st, 2nd, 3rd <u>3rd</u>		9. Legitimate? <u>yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Charles Walton Heinzerling</u>		16. FULL MAIDEN NAME <u>Lula G. Mc Connell</u>	
11. Color <u>white</u>		17. Color <u>white</u>	
12. Age at time of THIS birth <u>29</u> yrs.		18. Age at time of THIS birth <u>21</u> yrs.	
13. Birthplace <u>San Louis Ibispo, Calif.</u> (City or town) (State or foreign country)		19. Birthplace <u>Pomeroy Washington</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business <u>Farming</u>		21. Industry or Business <u>none</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>9</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated-above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
Midwife _____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 33 years, and that Dr. Ragsdale (First name) (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lula G. Heinzerling Signature
Culdesac, Idaho Rt. #3 P. O. Address

Subscribed and sworn to before me this 24th day of July, 1943

(SEAL)

Frank D. Wooten Notary Public, residing at Lewiston, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jul 28 1943 by Marj E. Eder Registrar.

JUL 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

432-210-028-258

United States (Be sure the information is as of date of birth of THIS child) State File No. 375766
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County. KOOTENAI (b) City. COEUR D'ALENE
(c) Street Address or R.F.D. No. not known
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county ✓ years 7 months ✓ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State. Idaho (b) County. Kootenai
(c) City. Coeur d'Alene
(d) Street Address or R.F.D. No. not known
(e) How long has MOTHER lived in Idaho? 17 months

3. RESIDENCE OF FATHER (city, state) not known

4. FULL NAME OF CHILD Dorothy Ellen Michel
5. Date of Birth of Child (Month, day, year) February 10, 1910
6. Sex Female 7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓ 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Ira Everett McKinney
11. Color or Race White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Kirkville, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Electrician
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Cora Behrens
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Rockford, Washington
(City or town) (State or foreign country)
20. Exact Occupation Seamstress
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. not known
23. Number of children of this mother: (a) At time of birth and including this child. 3 (b) Born alive and now living. 3

ATTENDANTS CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of Washington AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of SPOKANE ss.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 33 years, and that Dr. Woods who attended this birth. cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora McKinney Thomas Signature
P. O. Address _____

Subscribed and sworn to before me this 22nd day of June, 1943
(SEAL) H. J. [Signature] Notary Public, residing at SPOKANE
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 29 1943 by Mary E. [Signature] Registrar.

29 1943

FEB 9 1943

9961 41 20V

DELAYED REGISTRATION LAW

29 1943 3 (1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



375768

386-205-222-436

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Fremont</u> (b) City <u>Sugar City</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home: <u>Own home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>6</u> years <u>5</u> months <u>3</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Fremont</u> (c) City <u>Sugar City</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>6</u> yrs.	
4. FULL NAME OF CHILD <u>Vera Claire Thomas</u>		3. RESIDENCE OF FATHER (city, state) <u>Sugar City, Idaho</u>	

6. Sex <u>Female</u>		5. Date of Birth of Child (Month, day, year) <u>August 5, 1910</u>	
7. Twin or Triplet <u>No</u>		8. No. months of Pregnancy <u>9 Mo.</u>	
If so—born 1st, 2nd, 3rd		9. Legitimate? <u>Yes</u>	

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>John Lawrence Thomas</u>	16. FULL MAIDEN NAME <u>Margaret Jane McOmie</u>		
11. Color or Race <u>Caucasian</u>	17. Color <u>Caucasian</u>	12. Age at time of THIS birth <u>45</u> yrs.	18. Age at time <u>39</u> yrs.
13. Birthplace <u>Lehi Utah</u> (City or town) (State or foreign country)	19. Birthplace <u>Lehi Utah</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Agri. Fieldman - Farmer</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business <u>Utah-Idaho Sugar Company</u>	21. Industry or Business		

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
who is related as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature..... M.D. Address Date
Midwife

State of IDAHO
County of BONNEVILLE } ss.

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4,
above, that I am now 72 years of age, that I have known this person for 33 years, and that
J. R. Shupe who attended this birth is now deceased I further
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)
Mother
Margaret J. Thomas Signature
705 Emerson Ave., Idaho Falls, Idaho P.O. Address

Subscribed and sworn to before me this 28th day of July, 1943.
(SEAL) [Signature] Notary Public, residing at Idaho Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 30 1943 by Mary E. Elder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

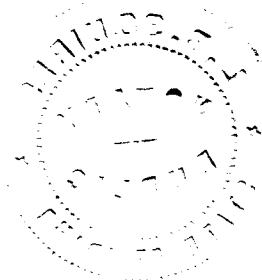
AUG 23 1971

JUL 30 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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592-210-037-356

375800

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Owyhee (b) City Silver City
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home:
At home of parents
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 28 years _____ months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Owyhee
(c) City Silver City
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? _____ yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mary Leona Eisenhart

5. Date of Birth of Child
(Month, day, year) Jan. 10, 1910

6. Sex Female **7. Twin or Triplet** _____ **If so—born**
1st, 2nd, 3rd

8. No. months of Pregnancy _____ **9. Legitimate?** Yes

FATHER OF CHILD

10. FULL NAME Lyle Clare Eisenhart
11. Color or Race white **12. Age at time of THIS birth** 32 yrs.
13. Birthplace Silverton, Oregon
(City or town) (State or foreign country)
14. Exact Occupation Black Smith
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Lottie Alice Lewis
17. Color or Race white **18. Age at time of THIS birth** 31 yrs.
19. Birthplace Silver City, Idaho
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____
Midwife

State of Idaho, } ss.
County of Owyhee.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 70 years of age, that I have known this person for 33 years, and that
Dr. Sater who attended this birth is deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Mary Ellen Lewis Signature
Silver City, Idaho P. O. Address

Subscribed and sworn to before me this 23rd day of July, 1943

(SEAL)

D. A. Lewis, Probate Judge, Owyhee County, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by _____, Registrar.

JAN 23 1975

AUG 31 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **375803**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>ADA</u> (b) City <u>USTICK</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>9</u> years <u>10</u> months <u>20</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>ustick</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>9</u> yrs.	
4. FULL NAME OF CHILD <u>Lela Mabel Aldridge</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		5. Date of Birth of Child (Month, day, year) <u>March 27, '10</u> 8. No. months of Pregnancy <u>X</u> 9. Legitimate? <u>X</u>	
6. Sex <u>Female</u> FATHER OF CHILD 10. FULL NAME <u>Herbert Aldridge</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>39</u> yrs. 13. Birthplace <u>Droitwich, England</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Virgina Annabelle Pease</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>28</u> yrs. 19. Birthplace <u>Arcadia, Mo</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) _____ who is related as _____ (Mother, etc.) _____
25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
 Midwife _____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 33 years, and that Dr. Handberg (Last name) who attended this birth in person (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Herbert Aldridge Signature
ustick Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of July, 1943
 (SEAL) _____ Notary Public, residing at Boise Idaho
 Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.

Received for filing on JUL 29 1943 by Mabel E. Edgar Registrar.

FEB 27 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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516-113-001-267

375804

375804

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home <u>St. Luke Hospital</u> (e) Mothers stay BEFORE delivery In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>1304 North 16th St</u> (e) How long has MOTHER lived in Idaho? <u>6</u> yrs.	
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4. FULL NAME OF CHILD <u>Harold Robert Hawk</u>	5. Date of Birth of Child (Month, day, year) <u>4/13/1910</u>
6. Sex <u>Male</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy <u>9 mo.</u>	9. Legitimate? <u>Yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Isaac H. Hawk</u>	16. FULL MAIDEN NAME <u>Elinda O. Loper</u>		
11. Color or Race <u>White</u>	17. Color or Race <u>White</u>		
12. Age at time of THIS birth <u>42</u> yrs.	18. Age at time of THIS birth <u>42</u> yrs.		
13. Birthplace <u>Decorah Iowa</u> (City or town) (State or foreign country)	19. Birthplace <u>Linn County Iowa</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>House mover</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business _____	21. Industry or Business _____		

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

AFFIDAVIT

State of _____ County of _____ ss. (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 33 years, and that unknown (Last name) who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 3rd day of August, 1910, at Boise, Idaho

(SEAL) Pauline Leulake Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

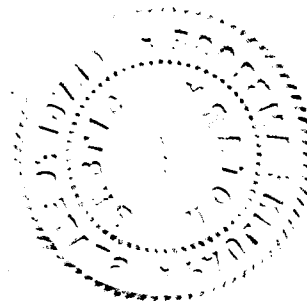
Received for filing on AUG 4 1943 by Mary E. Elder Registrar.

AUG 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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312-231001-799

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **375806**

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:

(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No. 1

(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Meridian, Idaho

4. **FULL NAME OF CHILD**

EDNA IRENE CASON

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

10. **FULL NAME**

Plummer Frank Cason

11. Color or Race white 12. Age at time of THIS birth 32 yrs.

13. Birthplace Stahl Missouri
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

5. Date of Birth of Child

(Month, day, year) August 31, 1900

8. No. months of Pregnancy 9

9. Legitimate? yes

MOTHER OF CHILD

16. **FULL MAIDEN NAME**

Fannie Irene Griffin

17. Color or Race white 18. Age at time of THIS birth 22 yrs.

19. Birthplace Lemoville Missouri
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by

(First name)

(Last name)

who is related as

(Mother, etc.)

25. Attendant's **OWN** signature

M.D.
Midwife

Address

Date

State of } ss.
County of

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
above, that I am now 55 years of age, that I have known this person for 33 years, and that

C. L. Dutton who attended this birth deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fannie Irene Cason Signature

Banks, Oregon P. O. Address

Subscribed and sworn to before me this 27 day of July, 1943

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

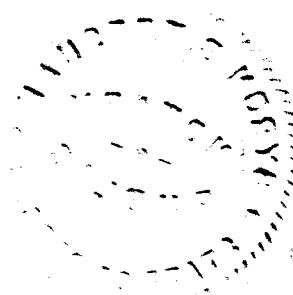
Received for filing on AUG 3 1943 by Maynard E. S. S. S. Registrar.

AUG 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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645-216, 042-286

375808

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Twain Falls (b) City _____
(c) Street Address or R.F.D.No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. _____ days.
IN **THIS** county _____ years _____ month _____ days

4. FULL NAME OF CHILD

Vera Aruta Winans

6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd _____

FATHER OF CHILD

10. FULL NAME William B. Winans

11. Color white 12. Age at time of THIS birth 36 yrs.

13. Birthplace Minouri (City or town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Eyota May Winans who is related to this child as mother (First name) (Last name)
(Mother, etc.)

26. (a) AUG 3 1943 (Date received) (b) Registrar's signature Charles R. Scott 25. Attendant's OWN signature Charles R. Scott M.D.
(c) Midwife, etc.)

27. Given name added on _____ by _____ and address Twain Falls Date July 15-43
(Registrar's signature)

State of _____ } ss.
County of _____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me on this _____ day of _____, 19____

(SEAL)

Notary Public, residing at _____

808375

AUG 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

375827

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No......

CERTIFICATE OF BIRTH

Local Reg. No......

Bureau of Census

STATE OF IDAHO

Reg. Dist. No.....

1. PLACE OF BIRTH

(a) County Twin Falls (b) City Twin Falls

(c) Street Address or R.F.D. No. ---

(d) Name of Hospital or Maternity Home:

Born at home

(e) Mother's stay **BEFORE** delivery:

In Hosp. or Mat. Home.....days.

IN THIS county 3 years 6 month days

4. FULL NAME

OF CHILD JACK EUGENE OXLEY

6. Sex Male

7. Twin or Triplet No

If so—born
1st. 2nd. 3rd

8. No. months
of Pregnancy

9 Legitimate? Yes

FATHER OF CHILD

10. FULL

NAME John Louis Oxley

11. Color or Race White 12. Age at time of THIS birth 36 yrs

13. Birthplace Dubois County, Indiana
(City or town) (State or foreign country)

14. Exact
Occupation **Lather Contractor**

15. Industry or Business **Own Business**

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY ~~CERTIFY~~ That I attended the birth of this child, who was _____ at _____ M. on the date _____
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____, who is
related to this child as _____ (First name) (Last name)

26. (a) AUG 3 1943 (Mother, etc.)
(b) Aug 3 1943 Registrar's signature
27. Given name added on _____ by _____
(Registrar's signature)
25. Attendant's
OWN signature _____ M.D.
and address _____ (D.O., Midwife, etc.)
Date _____

State of Michigan
County of Wayne } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Dollie Bohnenkemper, being first duly sworn, say that I am related to Jack Eugene Oxley (Related to (or) acquainted with) as Mother (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) (State relationship or acquaintance).

appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Moran who attended the birth of the child

said birth is now deceased and that this birth has not been previously recorded. (Name of attendant at birth)

Signature

Subscribed and sworn to before me on this

(SEAL)

Commission Expires

21st day of

Notary Public residing at 601 Piquette

Detroit, Mich.

13-078
AUG 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

375844

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mothers stay **BEFORE** delivery: (about)
In **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Hailey
(c) City Blaine Co.
(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 14 yrs.3. RESIDENCE OF FATHER (city, state) Hailey Idaho

5. Date of Birth of Child Oct-7-1910
(Month, day, year)

4. FULL NAME OF CHILD

Eva Margery Rice

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate Y

FATHER OF CHILD

10. FULL NAME Charles Sam Rice
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Colorado
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bella Maude Scriven
17. Color or Race White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Arvon Township Minnesota
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Missouri } ss.
County of Jackson

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
above, that I am now 63 years of age, that I have known this person for 33 years, and that
(First name) Dr. Raff (Last name) who attended this birth cannot be located I further
(Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Mrs. J. M. Shaw Signature

Independence Mo. R. 3, B220 O. Address

Subscribed and sworn to before me this 30th day of July, 1943

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Notary Public, residing at Independence Mo.
Commission Expires Feb. 23, 1944

Received for filing on AUG 4 1943 by Mary E. Elden Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

993-207-007-239

AUG 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such date~~, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **375852**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Kootenai** (b) City **Athol**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
At ranch home.
(e) Mothers stay BEFORE delivery:
In THIS county **3** years **5** months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Kootenai**
(c) City **Athol**
(d) Street Address or R.F.D. No. **Ranch near Athol, Mos.**
(e) How long has MOTHER lived in Idaho **3 yrs. 5 mos.**

3. RESIDENCE OF FATHER (city, state) **Athol, Idaho**

4. FULL NAME OF CHILD

Ethyl Bliss Williams

5. Date of Birth of Child

(Month, day, year) **May 27, 1910**

6. Sex **female**

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9**

9. Legitimate? **Yes**

FATHER OF CHILD

10. FULL NAME

John Murray Williams

11. Color or Race **White**

12. Age at time of THIS birth **32** yrs.

13. Birthplace **Dubuque**

(City or town)

Iowa

(State or foreign country)

14. Exact Occupation **Farmer**

15. Industry or Business **Farm**

MOTHER OF CHILD

16. FULL MAIDEN NAME

Kathryn Fleming Atwater

17. Color or Race **White**

18. Age at time of THIS birth **26** yrs.

19. Birthplace **Lowgton**

(City or town)

Kansas

(State or foreign country)

20. Exact Occupation **Housewife**

21. Industry or Business **Home**

22. Name prophylactic used to prevent Ophthalmia Neonatorum **Boracic Acid**

23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **1**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by.....

(First name)

(Last name)

who is related as.....

(Mother, etc.)

25. Attendant's OWN signature

M.D. Address
Midwife

Date

State of **Idaho** } ss.
County of **Kootenai**

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4, (Mother, etc.)
above, that I am now **59** years of age, that I have known this person for **33** years, and that **Dr. Frank Wenz**, who attended this birth **is now deceased.** I further (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Kathryn Williams Signature
Athol, Idaho P. O. Address

Subscribed and sworn to before me this **23d** day **July**, 19**43**.

(SEAL)

....., Notary Public, residing at **Coeur d'Alene.**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) **Commission expires: 9-14-44**

Received for filing on **AUG 4 1943** by **Mary Fielder**, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



632-2101029-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **375881**
Local Reg. No. _____
Reg. Dist. No. _____

- PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Helmer
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days
- USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State _____ (b) County _____
(c) City _____
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? _____ yrs.
- RESIDENCE OF FATHER** (city, state) _____

- FULL NAME OF CHILD** Margaret Alice Olson
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy _____ 9. Legitimate? _____
- Sex** female

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|---|--|--|
| 10. FULL NAME <u>Emory Olson</u> | 16. FULL MAIDEN NAME <u>Kate Gertrude Miller</u> | 11. Color or Race <u>white</u> | 17. Color or Race <u>white</u> |
| 12. Age at time of THIS birth <u>41</u> yrs. | 18. Age at time of THIS birth <u>32</u> yrs. | 13. Birthplace <u>Jackson, Miss.</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Peru</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation <u>working in timber</u> | 20. Exact Occupation <u>housewife</u> | 15. Industry or Business _____ | 21. Industry or Business _____ |

- Name prophylactic used to prevent Ophthalmia Neonatorum _____
- Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

- I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) _____ who is related as _____ (Mother, etc.)
- Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____

AFFIDAVIT

- (To be completed when the attendant does not sign in Item 25.)
- I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 33 years, and that Flora Harrison (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Kate G. Olson Signature
Deary, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of July, 1943

(SEAL) _____, Notary Public, residing at Bovill Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My commission expires 7-1-47

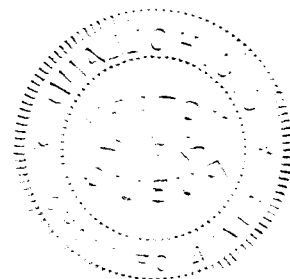
Received for filing on AUG 6 1943 by Mary J. Baker Registrar

AUG 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

419-1-23-028-216

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **375925**

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Rottnai (b) City Spirit Lake
(c) Street Address or R.F.D. No. unknown
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years 2 1/2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Rottnai (b) County Rottnai
(c) City Spirit Lake
(d) Street Address or R.F.D. No. unknown
(e) How long has **MOTHER** lived in Idaho? 12 Months yrs.

4. **FULL NAME OF CHILD** George Erling Martinsen
6. Sex Male 7. Twin or Triplet born If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Portland Ore
5. Date of Birth of Child (Month, day, year) Sept. 23 1910
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Gustaf Martinsen
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation Car Inspector
15. Industry or Business Industry

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Wilhelmina Björk
17. Color or Race White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Dalsland Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Industry

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was attendant deceased on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by attendant deceased who is related as (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Oregon
County of Multnomah ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 65 years, and that (First name) (Last name) who attended this birth Doctor, cannot be located (Is now deceased) or (Cannot be located)

I state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wilhelmina Björk Martinsen Signature
5241 - N.E. 18th P. O. Address

Subscribed and sworn to before me this 6th day of August, 1943
(SEAL) George H. Rouse Notary Public, residing at Portland Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) **NOTARY PUBLIC IN AND FOR THE STATE OF OREGON**
MY COMMISSION EXPIRES JUNE 29th, 1946.

Received for filing on AUG 10 1943 by Mary E. Egan Registrar.

AUG 1 1 1943

AUG 3 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

419-215-035-314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **375967**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All infants at time of this birth)

(a) County **Nez Perce** (b) City **Lafayette**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **Home**

(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months **20** days

4. FULL NAME OF CHILD **Dora Alice Martin**

6. Sex **Female** **7. Twin or Triplet** **8. No. months of Pregnancy** **Second**

10. FULL NAME **Clarence Worth Martin**

11. Color or Race **W** **12. Age at time of THIS birth** **28** yrs.

13. Birthplace **Remond, N. Dak.** (City or town) (State or foreign country)

14. Exact Occupation **Electrical Engineer**

15. Industry or Business **Electrical Engineer**

22. Name prophylactic used to prevent Ophthalmia Neonatorum **Sol Aguro**

23. Number of children of this mother: (a) At time of birth and including this child **2**

(b) Born alive and now living **one**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **born** at **10-468** M. on the date

and at the place stated above, and that personal particulars were furnished by **Mary Alma Race**

who is related as **Mother** (Mother, etc.)

25. Attendant's OWN signature **John Valley** M.D. Address **Lewistown, Ida.** Date **8-10-43**

State of **Idaho** ss. County of **Latah**

I, the undersigned, being first duly sworn, say that I am the **Mother, etc.** of the person whose name appears in Item 4,

above, that I am now **28** years of age, that I have known this person for **28** years, and that

John Valley (First name) **Valley** (Last name) who attended this birth

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this **10** day of **August**, 19**43**.

(SEAL) **Notary Public, residing at** **Lewistown, Idaho**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **AUG 12 1943** by **Mary Alma Race** Registrar.

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Josephine**
(c) City **Gold Hill**
(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? **20 years**

3. RESIDENCE OF FATHER (city, state) **Gold Hill, Ore.**

5. Date of Birth of Child **Aug 15, 1910** (Month, day, year)

6. No. months of Pregnancy **Second** **9. Legitimate?** **Yes**

16. FULL MAIDEN NAME **Mary Alma Race**

17. Color or Race **White** **18. Age at time of THIS birth** **26** yrs.

19. Birthplace **Clump, South Dak.** (City or town) (State or foreign country)

20. Exact Occupation **Housewife**

21. Industry or Business **Housewife**

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **Mother, etc.** of the person whose name appears in Item 4,

above, that I am now **28** years of age, that I have known this person for **28** years, and that

John Valley (First name) **Valley** (Last name) who attended this birth

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this **10** day of **August**, 19**43**.

(SEAL) **Notary Public, residing at** **Lewistown, Idaho**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **AUG 12 1943** by **Mary Alma Race** Registrar.

AUG 12 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

296-207-04-358

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **375969**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 612 Hays
(d) Name of Hospital or Maternity Home:
St. Luke's Hospital
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 8 years 3 months 28 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 612 Hays
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Helen Catherine Brown
5. Date of Birth of Child
(Month, day, year) May 7, 1910

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred Brown
11. Color White 12. Age at time of THIS birth 34 yrs.
13. Birthplace West Las Animas, Colorado.
(City or town) (State or foreign country)
14. Exact Occupation Banker
15. Industry or Business Banking

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Alice Lehw
17. Color White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Mt. Pleasant, Iowa
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 4 P M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mary Brown
(First name) (Last name)
who is related as mother
(Mother, etc.)
25. Attendant's James L. Stewart M.D. Address Boise Idaho Date Aug 10 1913
OWN signature (Notarially)

State of ss.
County of

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now years of age, that I have known this person for years, and that
....., who attended this birth. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this day of, 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

Received for filing on AUG 11 1913 by Mary J. Lehw, Registrar.

AUG 12 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such date~~, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-130-014-693

375982

United States
Department of Commerce
Bureau of the Census

to ensure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Canyon</u> (b) City <u>Wilder</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county <input checked="" type="checkbox"/> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Wilder</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>Three</u> yrs.	
4. FULL NAME OF CHILD <u>Charles Kenneth Mitchell</u>		5. Date of Birth of Child (Month, day, year) <u>May 30, 1910</u>	
6. Sex <u>Male</u>		8. No. months of Pregnancy	
7. Twin or Triplet		9. Legitimate? <u>Yes</u>	
10. FULL NAME <u>Charles Edward Mitchell</u>		16. FULL MAIDEN NAME <u>Edna Wilson</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>28</u> yrs.		18. Age at time of THIS birth yrs.	
13. Birthplace <u>Knappville Iowa</u> (City or town) (State or foreign country)		19. Birthplace <u>Iowa</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Argentum Nit 1%</u>			
23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 2 A.M. on the date (Born alive, ~~stillborn~~)
and at the place stated above, and that personal particulars were furnished by
who is related as (First name) (Last name)
(Mother, etc.)
25. Attendant's OWN signature S. J. Miller M.D. Address Long Beach Cal Date Aug 9-43
Midwife

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now years of age, that I have known this person for years, and that
....., who attended this birth. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Signature
P. O. Address

Subscribed and sworn to before me this day of, 19.....

(SEAL)

....., Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 16 1943 by Mary E. Reed, Registrar.

980770
AUG 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

216-118-029-695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **375986**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City (c) Street Address or R.F.D. No. <u>3</u> (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mothers stay BEFORE delivery: In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City (d) Street Address or R.F.D. No. <u>3</u> (e) How long has MOTHER lived in Idaho? <u>61</u> yrs.	
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4. FULL NAME OF CHILD <u>Homer Calvin Sawyer</u>	5. Date of Birth of Child (Month, day, year) <u>May 18, 1910</u>
6. Sex <u>male</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Charlie Ford Sawyer</u>	16. FULL MAIDEN NAME <u>Estella Freeze</u>		
11. Color or Race <u>white</u>	17. Color or Race <u>white</u>		
12. Age at time of THIS birth <u>28</u> yrs.	18. Age at time of THIS birth <u>27</u> yrs.		
13. Birthplace <u>Mc Minnville Oregon</u> (City or town) (State or foreign country)	19. Birthplace <u>Freese Idaho</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Farmer</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business	21. Industry or Business		

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)
25. Attendant's **OWN** signature deceased M.D. Address Date
Midwife

AFFIDAVIT

State of Idaho } ss.
County of Latah }
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 61 years of age, that I have known this person for 33 years, and that
Dr. George T. Boyd, who attended this birth is now deceased, I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.
Estella Freeze Sawyer Signature
Present 107 P. O. Address
Subscribed and sworn to before me this 11th day of Aug, 1943
(SEAL) Acorn Notary Public, residing at Idaho 107
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-9-4, Idaho Code Annotated.)

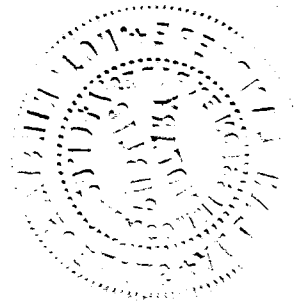
Received for filing on AUG 16 1943 by Mary E. Edger Registrar.

AUG 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

376026

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **376026**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 803 East Commercial
(d) Name of Hospital or Maternity Home: ..
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
3. **RESIDENCE OF FATHER** (city, state) Chicago Ill.

4. **FULL NAME OF CHILD** Clara Elizabeth O'Leary

5. Date of Birth of Child
(Month, day, year) Mar. 16th 1910

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Andrew Hammond O'Leary
11. Color white 12. Age at time of THIS birth 36 yrs.
13. Birthplace Fort Harsoff, Nebr.
(City or town) (State or foreign country)
14. Exact Occupation Conductor
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie R. Richards
17. Color White 18. Age at time of THIS birth 31 yrs.
19. Birthplace Battle Creek Mich.
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child Four (b) Born alive and now living all

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho }
County of Washington } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 68 years of age, that I have known this person for 33 years, and that
Doctor Waterhouse who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Andrew H. O'Leary Signature
831 State Street Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of August, 19 13
(SEAL) Wm. J. Nelson Notary Public, residing at Thierville, Ida.
(Note: Perjury is punishable as felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 17 1943 by Mary E. Elden Registrar.

AUG 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-126.035-364
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **377183**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Caldwell
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Caldwell
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? _____ yrs.

3. **RESIDENCE OF FATHER** (city, state) _____
4. **FULL NAME OF CHILD** Oscar Harvey Simmons
5. Date of Birth of Child Sept. 26 - 1910
(Month, day, year)
6. Sex male 7. Twin or Triplet _____ If so—born _____
1st, 2nd, 3rd 8. No. months of Pregnancy _____ 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** William Lewis Simmons
11. Color or Race _____ 12. Age at time of THIS birth 42 yrs.
13. Birthplace Walla Walla Wash.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____
- MOTHER OF CHILD**
16. **FULL NAME** Matilda Elizabeth Tomaneck
17. Color or Race _____ 18. Age at time of THIS birth 32 yrs.
19. Birthplace Pocatello, Bohemia
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum: _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

- State of Massachusetts ss.
County of Middlesex

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

- I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 65 years of age, that I have known this person for life years, and that
Susan Simmons who attended this birth deceased I further
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session-Laws.

- Matilda Elizabeth Simmons
P. O. Address _____

- Subscribed and sworn to before me this 16th day of August, 1943
(SEAL) _____, Notary Public, residing at Newtown
(Note: Perjury is punishable as a felony in Idaho; see §§ 17-914, Idaho Code Annotated.) Notary Public, State of Massachusetts
My commission expires Mar. 4, 1949

- Received for filing on AUG 23 1943 by Mary E. Egan Registrar.

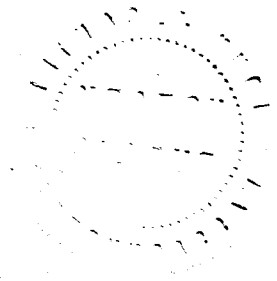
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 23 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

813.115-222-141
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **377202**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Fremont</u> (b) City <u>Chester</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>41</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Fremont</u> (c) City <u>Chester</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>41</u> yrs.	
4. FULL NAME OF CHILD <u>Virgil William Hathaway</u>		5. Date of Birth of Child (Month, day, year) <u>Mar. 15, 1910</u>	
6. Sex <u>Male</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet <u>No</u>		9. Legitimate? <u>Yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William H. Hathaway</u>		16. FULL MAREN NAME <u>Leona Blanche Adams</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>34</u> yrs.		18. Age at time of THIS birth <u>43</u> yrs.	
13. Birthplace <u>Millville, Utah</u> (City or town) (State or foreign country)		19. Birthplace <u>Flowersville Tennessee</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Wife and Mother</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Borac acid</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>9</u> (b) Born alive and now living <u>8</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Midwife

State of Idaho } ss.
County of Fremont }

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 67 years of age, that I have known this person for 33 years, and that
Selma Hathaway, who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Wm. H. Hathaway Signature
Parker, Idaho P. O. Address

Subscribed and sworn to before me this 19 day of August, 1943.
(SEAL) On Meservey, Probate Judge Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1943 by Maud E. Edger Registrar.

AUG 24 1943

DEC 10 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

393-203-075-819

377210

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>NEZPERCE</u> (b) City <u>KIPPEN</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>NONE</u> (e) Mothers stay BEFORE delivery: In THIS county <u>2</u> years <u>8</u> months <u>3</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>NEZPERCE</u> (c) City <u>KIPPEN</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>CARETA CEOLA LITCHFIELD</u>		5. Date of Birth of Child (Month, day, year) <u>MAY 3 1910</u>	
6. Sex <u>FEMAL</u> 7. Twin or Triplet 8. No. months of Pregnancy <u>9</u>		9. Legitimate? <u>YES</u>	
FATHER OF CHILD 10. FULL NAME <u>CHARLES NELSON LITCHFIELD</u> 11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>31</u> yrs. 13. Birthplace <u>NEWYVILLE N.Y.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>CAR INSPECTOR</u> 15. Industry or Business <u>CANAS PARIE R.R</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>MISSOURI BELLE YARDLEY</u> 17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth <u>28</u> yrs. 19. Birthplace <u>STRINGTOWN OKLAHOMA</u> (City or town) (State or foreign country) 20. Exact Occupation <u>HOUSE WIFE</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife NOT LIVING

State of IDAHO
County of NEZ PERCE } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4,
above, that I am now 61 years of age, that I have known this person for 33 years, and that
FILA LITCHFIELD, who attended this birth, IS NOW DECEASED
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Missouri Belle Litchfield Signature
LEWISTON, IDAHO P. O. Address

Subscribed and sworn to before me this 18TH day of AUGUST, 1943.
(SEAL) Shirley R. Ralston Notary Public, residing at Lewiston, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

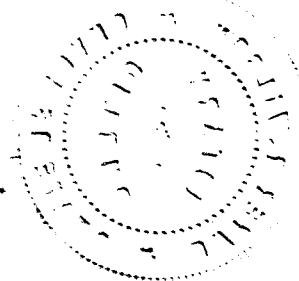
Received for filing on AUG 21 1943 by Mabel E. Eder Registrar.

AUG 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the~~ purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **377201**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery:
In THIS county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
3. **RESIDENCE OF FATHER** (city, state) Cambridge Idaho

4. **FULL NAME OF CHILD** Elzada Callie Combs
5. Date of Birth of Child (Month, day, year) Jan 28 1910

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** Edgar James Combs
11. Color white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Taney county Missouri (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Eliza Jane Blades
17. Color white 18. Age at time of THIS birth 22 yrs.
19. Birthplace Billings Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by (First name) (Last name)
who is related as (Mother, etc.)
25. Attendant's **OWN** signature M.D. Address Date
Washington ss.
County of King

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
above, that I am now 55 years of age, that I have known this person for 39 years, and that
Dr Schmitz, who attended this birth, (Is now deceased) or (Continued)
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Eliza Combs "Blades" Signature
Rte. 2, Kent, Wash. P.O. Address

Subscribed and sworn to before me this 19 day of Apr, 1943
(SEAL) Ronald Bell Notary Public, residing at Kent
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 21 1943 by Mary Elder Registrar.

100772
AUG 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

165-2181003955

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **377235**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Chesterfield
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Chesterfield
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

4. **FULL NAME OF CHILD** Almeda Annie Jones

5. Date of Birth of Child Apr. 18, 1910
(Month, day, year)

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Albert William Jones
11. Color or Race white 12. Age at time of THIS birth 22 yrs.
13. Birthplace Pocatello Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Emma Louise Reese
17. Color or Race white 18. Age at time of THIS birth 19 yrs.
19. Birthplace Harper Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of } ss.
County of

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 31 years of age, that I have known this person for 33 years, and that
Mrs. Higginson who attended this birth dead I further
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Signature Emma Louise Jones
427-3-2 St. Elko Nevada P. O. Address

Subscribed and sworn to before me this 14 day of August, 1943.
(SEAL) Albert L. Smith Notary Public, residing at Wells Nevada
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mabel E. Eder Registrar.

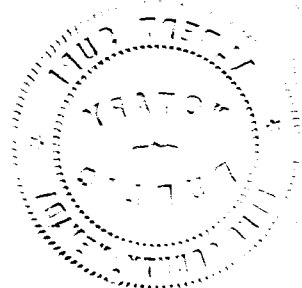
AUG 26 1943

AUG 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **877243**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Gannett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Gannett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Gannett, Idaho

4. **FULL NAME OF CHILD** Myrtle Irene Waddell
5. Date of Birth of Child (Month, day, year) July 29, 1910
6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Eugene Waddell</u>	16. FULL MAIDEN NAME <u>Ellen Christine Nisson</u>	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>21</u> yrs.
11. Birthplace <u>Taylorville Illinois</u> (City or town) (State or foreign country)	19. Birthplace <u>Bullion, Idaho</u> (City or town) (State or foreign country)	20. Exact Occupation <u>housewife</u>	21. Industry or Business <u> </u>
12. Age at time of THIS birth <u>22</u> yrs.			
13. Exact Occupation <u>Laborer</u>			
14. Industry or Business <u> </u>			

22. Name prophylactic used to prevent Ophthalmia Neonatorum:
23. Number of children of this mother: (a) At time of birth and including this child: (b) Born alive and now living:

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 9:00 P. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Ellen Christine Mantey (First name) (Last name)
who is related as mother (Mother, etc.)
25. Attendant's OWN signature Morie Nisson Address Carey, Idaho Date Aug. 14, 1943
Midwife

State of Idaho } ss.
County of Blaine }

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, (Mother, etc.)
above, that I am now 54 years of age, that I have known this person for 33 years, and that Morie Nisson who attended this birth is my mother I further (First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen Christine Mantey Signature
Hailey, Idaho P. O. Address
Subscribed and sworn to before me this 14th day of August, 1943.
(SEAL) Joseph M. Gull Notary Public, residing at Hailey, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on AUG 25 1943 by Mary E. Elder Registrar.

AUG 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

RECEIVED
AUG 27 1943
VITAL STATISTICS
IDAHO

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. **377252**

CERTIFICATE OF BIRTH

Local Reg. No. _____

STATE OF IDAHO

Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 20 days.
In THIS county 2 years 11 month 6 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)

(a) State Idaho (b) County Bingh
(c) City Blackfoot
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Blackfoot Idaho

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD

Benjah Christina Rasmussen

5. Date of Birth
(Month, day, year) Jan 12-1910

6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jens Fredrick Rasmussen
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Raskilde Denmark
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business none

MOTHER OF CHILD

16. FULL MAIDEN NAME Paulina Mikkelsen
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Egholt Denmark
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business no

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by Paulina Mikkelsen who is related to this child as mother (First name) (Last name)

26. (a) Aug 16-1943 (b) Mabel Pedersen
(Date received) (Registrar's signature)

25. Attendant's OWN signature F. W. Mitchell M.D.

27. Given name added on _____ by _____
(Registrar's signature)

and address Blackfoot, Idaho Date Aug 12 1943

State of _____ } ss.
County of _____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, _____, being first duly sworn, say that I am _____ (Related to (or) acquainted with) _____ as _____ (State relationship or acquaintance) _____, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that _____ (Name of attendant at birth) _____, who attended said birth _____ and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Signature _____

P. O. Address _____

Subscribed and sworn to before me on this _____ day of _____, 19____

(SEAL)

Notary Public, residing at _____

AUG 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

755-204-025-384

377289

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 377289

1. PLACE OF BIRTH
County of Idaho
City of Cottonwood, Idaho
No. _____ St. _____

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Gentry, Minnie Viola

3. Sex Female If plural births } 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? Yes 8. Date of birth November 4 1910
5. Number, in order of birth _____ Full term? Yes mate? Yes (Month, Day, Year)

9. Full name Gentry, William Arley FATHER

10. Residence (usual place of abode) Cottonwood
(If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 22 (years)

13. Birthplace (city or place) North Carolina
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work November 1910
17. Total time (years) spent in this work 2 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 10%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, } months } 30. Cause of stillbirth _____
period of gestation } or weeks } Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
(Signed) J. H. Hennrich, M. D.

Give name added from a supplemental report. Minnie Viola
or _____ Midwife

Address Granville, Idaho
Filed SEP 18 1948, 193 1948
Registrar. M. H. H. H. Registrar.

SEP 18 1943

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

714-12-028-415

377290

377290

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Harrison, Idaho

4. FULL NAME OF CHILD Herbert Walter Paulsen

5. Date of Birth of Child (Month, day, year) Sept. 12, 1910

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Walter Paulsen

11. Color or Race White 12. Age at time of THIS birth 26 yrs.

13. Birthplace Missouri Valley, Iowa
(City or town) (State or foreign country)

14. Exact Occupation Grocer

15. Industry or Business

16. FULL MAIDEN NAME Lillian Edith Davis

17. Color or Race White 18. Age at time of THIS birth 24 yrs.

19. Birthplace Garfield Co. Wash. Ter.
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 5 A.M. on the date and at the place stated above, and that personal particulars were furnished by Edith Paulsen who is related as Mother (First name) (Last name)

25. Attendant's OWN signature E. R. Keger M.D. Address Boise, Idaho Date 8/25/43

State of ss.

County of

AFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that , who attended this birth I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 1943.

(SEAL) , Notary Public, residing at .

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 18 1943 by Malv Heller, Registrar.

SEP 18 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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356-118-010-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

377303

State File No. **377303**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bonneville</u> (b) City <u>Idaho Falls</u> (c) Street Address or R.F.D. No. <u>Lyon Bldg. Cr. Shupe</u> (d) Name of Hospital or Maternity Home: <u>& Bdwy.</u> (e) Mothers stay BEFORE delivery: In THIS county <u>4</u> years <u>11</u> months <u>4</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bonneville</u> (c) City <u>Idaho Falls</u> (d) Street Address or R.F.D. No. <u>Lyon Bldg. Cr. Shupe & Bdwy.</u> (e) How long has MOTHER lived in Idaho? <u>29</u> yrs.	
4. FULL NAME OF CHILD <u>Harry Thomas Lyon</u>		5. Date of Birth of Child (Month, day, year) <u>May 18, 1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u>Twin</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Harry Clay Lyon</u>		16. FULL MAIDEN NAME <u>Pearl Slater</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>40</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>29</u> yrs.
13. Birthplace <u>Manhattan</u> (City or town)	<u>Kansas</u> (State or foreign country)	19. Birthplace <u>Slaterville</u> (City or town)	<u>Utah</u> (State or foreign country)
14. Exact Occupation <u>Merchant</u>		20. Exact Occupation <u>Merchant</u>	
15. Industry or Business <u>Merchant</u>		21. Industry or Business <u>Merchant</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Midwife

State of California } ss.
County of Santa Barbara }

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 62 years of age, that I have known this person for 33 years, and that
Dr. Fuller who attended this birth Cannot be located I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Pearl Lyon Harris Signature
501 East Fesler, Santa Maria P.O. Address
California

Subscribed and sworn to before me this 23rd day of September, 1943.
Marion G. Smith Notary Public, residing at Santa Maria, Cal.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires April 9, 1946.

Received for filing on by Mary Fisher Registrar.

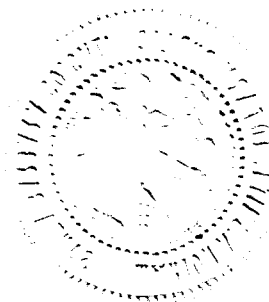
SEP 27 1943

SEP 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

377349

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Roberts
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 3 years 0 months 0 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Roberts
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Phyllis Martha McLinan
5. Date of Birth of Child (Month, day, year) Oct 19-1910
6. Sex F 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** James Chester McLinan
11. Color or Race W 12. Age at time of THIS birth 51 yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Lucy Rawson
17. Color or Race W 18. Age at time of THIS birth 34 yrs.
19. Birthplace Idaho City (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's **OWN** signature Idaho M.D. Address Date
Midwife

- State of Idaho } ss.
County of Ada }
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 68 years of age, that I have known this person for life years, and that
Dr. Fuller who attended this birth deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

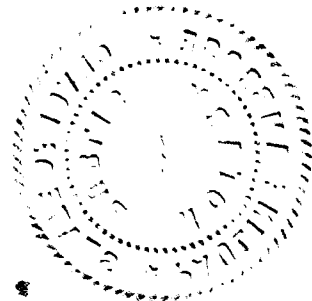
Subscribed and sworn to before me this 28th day of August, 1943
(SEAL) Pauline Ambrose Notary Public, residing at Boise, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug. 28-1943 by Pauline Ambrose Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



796-217-035-853

377367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Nez Perce (b) City Waha
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Our Family Home
(e) Mothers stay BEFORE delivery:
In THIS county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Nez Perce
(c) City Waha
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? eleven yrs.

4. FULL NAME OF CHILD

Mary Roberta Provost

5. Date of Birth of Child

(Month, day, year) July 17, 1910

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Provost
11. Color white 12. Age at time of THIS birth 35 yrs.
13. Birthplace Phymothrock Iowa
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Vina Fanny Heckman
17. Color white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Tufford, Custer Co. Nebraska
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sal Ag vds
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 1 P. M. on the date (Born alive, stillborn) Vina Provost who is related as mother (First name) (Last name)

25. Attendant's OWN signature John M. Alley M.D. Address Levisford Date 8-25-23
Midwife

State of _____
County of _____ ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, (Mother, etc.) above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth, I further (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____.

(SEAL)

_____, Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)Received for filing on AUG 27 1943 by Mal Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 19 1966

AUG 31 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-207-022-045

377368

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Fremont</u> (b) City <u>St. Anthony</u> (c) Street Address or R.F.D. No. <u>Near St. Anthony</u> (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mothers stay BEFORE delivery: In THIS county <u>XX</u> years <u>Six months</u> <u>XX</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Fremont</u> (c) City <u>Near St. Anthony</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has MOTHER lived in Idaho? <u>Six Months</u>	
4. FULL NAME OF CHILD <u>Edna May Davis</u>		3. RESIDENCE OF FATHER (city, state) <u>St. Anthony, Idaho</u>	
6. Sex <u>Female</u>		5. Date of Birth of Child (Month, day, year) <u>Aug. 7, 1910</u>	
7. Twin or Triplet <u>Single</u>		8. No. months of Pregnancy <u>Nine</u>	
9. Legitimate? <u>Yes</u>			
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Isaac Nelson Davis</u>		16. FULL MAIDEN NAME <u>Della Jane Bunce</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>50</u> yrs.		18. Age at time of THIS birth <u>38</u> yrs.	
13. Birthplace <u>Indiana</u> (City or town) (State or foreign country)		19. Birthplace <u>Murphysburg, Illinois</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Farm</u>		21. Industry or Business <u>Home</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. <u>Don't know</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>Nine</u> (b) Born alive and now living <u>Seven</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by
 (First name) (Last name)
 who is related as
 (Mother, etc.)

25. Attendant's
OWN signature M.D. Address Date
 Midwife

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
 above, that I am now 71 years of age, that I have known this person for 33 years, and that
Mrs. John Thompson, Midwife who attended this birth. Deceased I further
 (First name) (Last name) (Is now deceased) or (Cannot be found)
 state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
 1937 Session Laws.

Signature:

Della J. Bunce
 Davis Chase

Subscribed and sworn to before me this 23 day of August, 1943

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires March 11, 1944.

Received for filing on AUG 27 1943 by Mabel Helder Registrar.

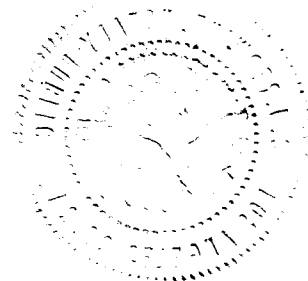
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1943
AUG 31 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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149-121-042-695

377370

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County _____ (b) City Twin Falls
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home _____ days.

IN THIS county _____ years _____ month _____ days

4. FULL NAME OF CHILD

Jack Garnett Durham

5. Date of Birth

(Month, day, year) Oct 21-1940

6. Sex

male

7. Twin or Triplet _____

If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 99. Legitimate? yes

10. FULL NAME OF FATHER OF CHILD

Charles Ditzler Durham

11. Color or Race

white12. Age at time of THIS birth 27 yrs.

13. Birthplace

Morefield Ky.

(City or town) (State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL NAME

Lucie Moore Wingate

17. Color or Race

white18. Age at time of THIS birth 24 yrs.

19. Birthplace

Louisville Ky.

(City or town) (State or foreign country)

20. Exact Occupation

Horse Racer

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 1(b) Born alive and now living 2

(c) Born alive and now dead _____

(d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

26. (a) AUG 31 1943 (Date received)

(Mother, etc.)

27. Given name added on _____

(b) _____ (Registrar's signature)

_____ (Registrar's signature)

25. Attendant's

OWN signature _____

M.D.

and address _____

(D.O., Midwife, etc.)

Date _____

State of Kentucky }
County of Boyle } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jack Garnett Durham, being first duly sworn, say that I am _____ (Related to ~~and~~ acquainted with) _____ as mother, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wilson, who attended said birth, (Name of attendant at birth) and that this birth has not been previously recorded. ~~(he now deceased or)~~ cannot be located.

Lucie M. Durham

Signature

P. O. Address _____

Subscribed and sworn to before me on this 7th day of July, 1941

(SEAL)

Julian Kent Notary Public, residing at Danville Ky.

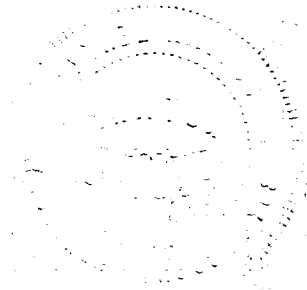
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SEP 19 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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243-247-222-719

377401

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
 - (a) County Fremont
 - (b) City Ashton
 - (c) Street Address or R.F.D. No. 1
 - (d) Name of Hospital or Maternity Home:
 - (e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 - (a) State Idaho
 - (b) County Fremont
 - (c) City Ashton
 - (d) Street Address or R.F.D. No. 1
 - (e) How long has **MOTHER** lived in Idaho? 9 yrs.
3. **RESIDENCE OF FATHER** (city, state) Ashton, Idaho

4. **FULL NAME OF CHILD** Reta Alvina Butler
5. Date of Birth of Child (Month, day, year) Aug. 17, 1910
6. Sex Female
7. Twin or Triplet
8. No. months of Pregnancy 9
9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|--|---------------------------------------|--|
| 10. FULL NAME <u>Neri Willard Butler</u> | 16. FULL MAIDEN NAME <u>Ora Effie Garrett</u> | 17. Color <u>White</u> | 18. Age at time of THIS birth <u>28</u> yrs. |
| 11. Color or Race <u>White</u> | 12. Age at time of THIS birth <u>33</u> yrs. | 19. Birthplace <u>Oxford Nebraska</u> | (City or town) (State or foreign country) |
| 13. Birthplace <u>Utah</u> | (City or town) (State or foreign country) | 20. Exact Occupation <u>Housewife</u> | |
| 14. Exact Occupation <u>Farmer</u> | | 21. Industry or Business | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sever's Lactate
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at M. on the date and at the place stated above, and that personal particulars were furnished by Ora Butler (First name) (Last name) who is related as Gravida (Mother, etc.)
25. Attendant's **OWN** signature E. L. Hargis M.D. Address Ashton, Idaho Date 8-20-28

State of Idaho ss. County of Idaho

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

- I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 31 years of age, that I have known this person for 33 years, and that Dr. Hargis who attended this birth Cannot Locate I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ora Effie Garrett Butler Signature
Box 113, Emmett, Idaho P. O. Address

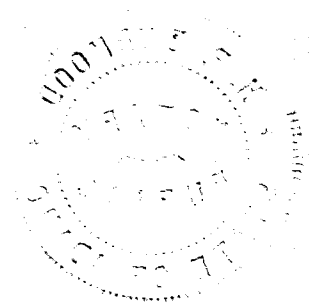
Subscribed and sworn to before me this 28th day of August, 19 28.
(SEAL) [Signature] Notary Public, residing at Emmett
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 2 1928 by Mary Helder Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



384-210-206-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **377407**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County Bingham	(b) City Blackfoot	(a) State Idaho	(b) County Bingham
(c) Street Address or R.F.D. No. 238 N. Fisher Avenue		(c) City Blackfoot	
(d) Name of Hospital or Maternity Home: at above address		(d) Street Address or R.F.D. No. 238 N. Fisher Avenue	
(e) Mothers stay BEFORE delivery: In THIS county 3 years 10 months 5 days		(e) How long has MOTHER lived in Idaho? 15 yrs.	
4. FULL NAME OF CHILD Helen Margaret Chubbuck		5. Date of Birth of Child (Month, day, year) Oct. 10, 1910	
7. Twin or Single		8. No. months of Pregnancy 9	
6. Sex Female		9. Legitimate? Yes	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME Walter Elmer Chubbuck		16. FULL MAIDEN NAME Della Lorine Carroll	
11. Color White		17. Color White	
12. Age at time of THIS birth 49 yrs.		18. Age at time of THIS birth 33 yrs.	
13. Birthplace Niagara Falls, New York (City or town) (State or foreign country)		19. Birthplace Hastings, Minnesota (City or town) (State or foreign country)	
14. Exact Occupation Railroad Conductor		20. Exact Occupation Housewife	
15. Industry or Business Oregon Short Line Railroad		21. Industry or Business Keeping House	
22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known by applicant			
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
Midwife _____

AFFIDAVIT

State of **Washington** } ss.
County of **Douglas** }

I, the undersigned, being first duly sworn, say that I am the **Brother** of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now **41** years of age, that I have known this person for **33** years, and that
Dr. C. A. Hoover, M. D. who attended this birth **is now deceased** I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session-Laws.

Walter C. Chubbuck Signature
P. O. Box 365, Coulee Dam, Wash. P. O. Address

Subscribed and sworn to before me this **31** day of **August** **1943**
(SEAL) **OB Frank** Notary Public, residing at **Coulee Dam, Wash.**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **SEP 4 1943** by **Mabel H. Elder** Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

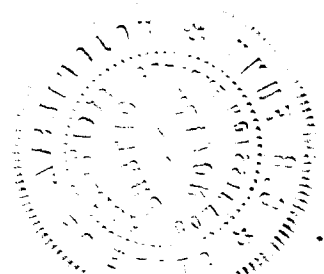
SEP 7

1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



799-104-008-622

United States (Be sure the information is as of date of birth of THIS child.)
 Department of Commerce
 Bureau of the Census

SEP 7 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **377456**
 Local Reg. No. _____
 Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
 (a) County Footneak (b) City Athol
 (c) Street Address or R.F.D. No. _____
 (d) Name of Hospital or Maternity Home: Home
 (e) Mothers stay **BEFORE** delivery:
 In **THIS** county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 (a) State Idaho (b) County Footneak
 (c) City Athol
 (d) Street Address or R.F.D. No. _____
 (e) How long has **MOTHER** lived in Idaho? 7 mos. yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Charles Vernon Price
 5. Date of Birth of Child (Month, day, year) 4-4-1910
 6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd _____
 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
 10. **FULL NAME** Charles Sydney Price
 11. Color W or Race _____ 12. Age at time of THIS birth 23 yrs.
 13. Birthplace Shaffield England (City or town) (State or foreign country)
 14. Exact Occupation Methodist Minister
 15. Industry or Business _____

MOTHER OF CHILD
 16. **FULL MAIDEN NAME** Bessie Rae Osborn
 17. Color W or Race _____ 18. Age at time of THIS birth 21 yrs.
 19. Birthplace Wayside Washington (City or town) (State or foreign country)
 20. Exact Occupation House wife
 21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
 23. Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 5 P.M. on the date (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Bessie P. Osborn Price who is related as Mother (First name) (Last name)
 (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
 Midwife _____

State of Idaho } ss.
 County of Lewis

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, (Mother, etc.)
 above, that I am now 54 years of age, that I have known this person for 33 years, and that Dr. Krenz who attended this birth is now deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)
 state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Osborn Price Signature
Winchester Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of September, 1943.

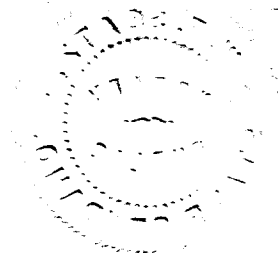
(SEAL) _____, Notary Public, residing at Winchester Idaho
 (Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 8 1943 by Mal R. Osborn, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

344-126-028-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **377462**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Spirit Lake
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Born at home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 2 years _____ months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Spirit Lake
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

4. FULL NAME OF CHILD Howard Audrey Cuddy

3. RESIDENCE OF FATHER (city, state) Spirit Lake, Id

5. Date of Birth of Child
(Month, day, year) May 26, 1910

6. Sex Male
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Emmett David Cuddy
11. Color or Race White 12. Age at time of THIS birth 42.51 yrs.
13. Birthplace Sellersburg - Indiana
(City or town) (State or foreign country)
14. Exact Occupation Storekeeper
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Grovia Pomeroy Smith
17. Color or Race White 18. Age at time of THIS birth 42 yrs.
19. Birthplace Sellersburg - Indiana
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's _____ M.D. _____ Address _____ Date _____
OWN signature _____ Midwife _____

State of Washington } ss.
County of SpoKane }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 39 years of age, that I have known this person for 33 years, and that
Dr. A. P. Prindle - Spirit Lake, Idaho who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

J. E. Cuddy Signature
6 1/2 W. Main - P. O. Address

Subscribed and sworn to before me this 30 day of June, 1943

(SEAL)

Robert W. Dawson, Notary Public, residing at SpoKane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

Received for filing on SEP 10 1943 by Mabel E. Cuddy Registrar.

SEP 10 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

217-103-006-851

377603

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
 (a) County Bingham (b) City Idaho Falls
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home:
Home of Mary E. Heath
 (e) Mothers stay **BEFORE** delivery:
 In **THIS** county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 (a) State Montana (b) County Beaverhead
 (c) City Lima
 (d) Street Address or R.F.D. No.
 (e) How long has **MOTHER** lived in Idaho? yrs.
3. **RESIDENCE OF FATHER** (city, state) Montana

4. **FULL NAME OF CHILD** Phillip Scott Sappington
5. Date of Birth of Child Jan. 3, 1910
 (Month, day, year)
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Phillip Joseph Sappington
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace St. Louis County, Missouri
 (City or town) (State or foreign country)
14. Exact Occupation Railroading
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Mabel Heath
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Eagle Rock, Idaho
 (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by
 (First name) (Last name)
 who is related as
 (Mother, etc.)
25. Attendant's **OWN** signature M.D. Address Date
 Midwife

State of Idaho
 County of Bonneville } ss.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4,
 above, that I am now 64 years of age, that I have known this person for since birth years, and that
Dr. Grant W. Pendleton, who attended this birth is now deceased I further
 (First name) (Last name) (Is now deceased) or (Cannot be located)
 state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
 1937 Session Laws.

My Commission Expires
 June 26th, 1947

AFFIDAVIT
 (To be completed when the attendant does not sign in Item 25.)

Phillip J. Sappington Signature
151 Trail Creek Road, Pocatello, Address

Subscribed and sworn to before me this 17th day of September, 1943 Idaho.
 (SEAL) Myrtle N. Paulson Notary Public, residing at Idaho Falls,
Idaho
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 21 1943 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 1 1919

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

253-230-003239

377617

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Pocatello</u> (c) Street Address or R.F.D. No. <u>800 N. Buchanan</u> (d) Name of Hospital or Maternity Home <u>My Mother's home</u> (e) Mothers stay BEFORE delivery: In THIS county years <u>none</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Pocatello</u> (d) Street Address or R.F.D. No. <u>1424-3 Ave. N.</u> (e) How long has MOTHER lived in Idaho? <u>20</u> yrs.	
4. FULL NAME OF CHILD <u>Thelma LaVerne Kelly</u> <u>girl</u>		3. RESIDENCE OF FATHER (city, state) <u>Pocatello Ida.</u>	

6. Sex <u>girl</u>	7. Twin or Triplet	8. No. months of Pregnancy	9. Legitimate? <u>yes</u>
5. Date of Birth of Child (Month, day, year) <u>Sept. 30-1910</u>			

FATHER OF CHILD 10. FULL NAME <u>David Kelly (deceased, now)</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>33</u> yrs. 13. Birthplace <u>Sacoxia, Missouri</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Teamster for Idaho Whole-</u> 15. Industry or Business <u>sale Co. 1st Ave, N.</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Amanda Blissard</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>27</u> yrs. 19. Birthplace <u>Sparta Illinois</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum 4

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____

State of California } ss.
County of Riverside }

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for all her life xxxx, and that is now deceased, who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Amanda Kelly Signature
8432 Magnolia Ave., Riverside, Calif. P. O. Address
Subscribed and sworn to before me this 19th day of August, 1943
(SEAL) _____, Notary Public, residing at Riverside, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on SEP 21 1943 by Mary H. Elder, Registrar.

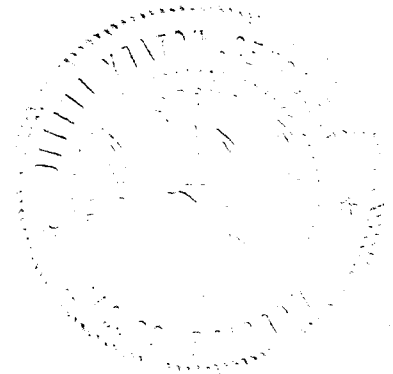
JUL 20 1973

DEC 9 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

135 210-022-381

378756

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: At home of Grandmother
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 2 years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Marysville
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 42 yrs.
3. **RESIDENCE OF FATHER** (city, state) Marysville, Idaho

4. **FULL NAME OF CHILD** Perrissis Etta Alvey
5. Date of Birth of Child (Month, day, year) May 10, 1910
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Aaron V. Alvey
11. Color White 12. Age at time of THIS birth 23 yrs.
13. Birthplace Escazanti Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louisa Ann Chambers
17. Color White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Sublet Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Lubrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alvine on the date _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Louisa Alvey
(First name) (Last name)
who is related as Brother
(Mother, etc.)
25. Attendant's OWN signature E. J. Virgin M.D. _____ Address Ashton Idaho Date 8-5-42
Midwife _____

State of _____
County of _____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now _____ years of age, that I have known this person for _____ years, and that
_____, who attended this birth. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____.

(SEAL)

_____, Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 22 1943 by Mary Helder, Registrar.

SEP 23 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 139, 1937 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 12, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

815-226-021815

378730

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Franklin (b) City Weston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 6 years 6 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Weston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weston, Idaho

4. **FULL NAME OF CHILD** Ruth Hannah Lee Hansen
5. Date of Birth of Child (Month, day, year) Nov. 26, 1910

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Nels Severin Hansen</u>	16. FULL MAIDEN NAME <u>Amelia Hegsted Hansen</u>	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>30</u> yrs.
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>33</u> yrs.	19. Birthplace <u>Harrisville, Utah</u> (City or town) (State or foreign country)	20. Exact Occupation <u>Housewife</u>
13. Birthplace <u>Weston, Idaho</u> (City or town) (State or foreign country)	21. Industry or Business		
14. Exact Occupation <u>Postmaster</u>			
15. Industry or Business			

22. Name prophylactic used to prevent Ophthalmia Neonatorum:

23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living:

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date

State of Idaho } ss. **AFFIDAVIT**
County of Franklin } (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now Sixtythree years of age, that I have known this person for Thirtythree years, and that Dr. W. B. Parkinson (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 4th day of Sept, 1943.
(SEAL) Thomas Preston Probate Judge, residing at Preston Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 23 1943 by Harold H. Elden, Registrar.

1028137
SEP 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

845-117004-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **378776**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bear Lake</u> (b) City <u>Bennington</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>At home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>24</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bear Lake</u> (c) City <u>Bennington</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>24</u> yrs.	
4. FULL NAME OF CHILD <u>Daniel Mark Hunter</u>		3. RESIDENCE OF FATHER (city, state <u>Idaho</u>) 5. Date of Birth of Child (Month, day, year) <u>9/17/1910</u>	
6. Sex <u>male</u> 7. Twin or Triplet <u>Triplet</u> If so—born 1st, 2nd, 3rd <u>1st</u>		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>William H. Hunter</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>27</u> yrs. 13. Birthplace <u>Bennington, Idaho</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Olive Burbank</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace <u>Deweyville, Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Olive Hunter, who is related to this child as mother. (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature [Signature] **M.D.** [Signature] **Address** at Laramie, Wyo. **Date** 4-1-43

State of Idaho ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this day of 19.....

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 24 1943 by [Signature] Registrar.

OCT 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

693 110 044-213

378798

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Wenier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home Home Route # 2
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Wenier
(d) Street Address or R.F.D. No. Rte 2
(e) How long has **MOTHER** lived in Idaho? 37 yrs.
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Glenn Dolan Williamson
5. Date of Birth of Child August 10th 1910
(Month, day, year)
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** James J. Williamson
11. Color or Race Cobalt 12. Age at time of THIS birth 30 yrs.
13. Birthplace Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Maud Ellen Selvig
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 3 P.M. on the date Sept 22/1913
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Margaret May Calabrese
who is related as Sister to Mother (First name) (Last name)
(Mother, etc.)
25. Attendant's M.D. Address Wenier Date Sept 22/1913
OWN signature Margaret May Calabrese Wife

State of ss. County of
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now years of age, that I have known this person for years, and that
....., who attended this birth I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

..... Signature
..... P.O. Address

Subscribed and sworn to before me this day of 19.....
(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 24 1943 by Mabel Holder Registrar.

SEP 27 1943

JUN 12 1968

AUG 23 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

693-225014-256 378820 378820

United States (Be sure the information is as of date of birth of THIS child.) State File No. _____
Department of Commerce Certificate of Birth Local Reg. No. _____
Bureau of the Census STATE OF IDAHO Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No. I
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay BEFORE delivery:
In THIS county 23 years II months 22 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No. I
(e) How long has MOTHER lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Emmett, Idaho.

4. FULL NAME OF CHILD Florence Katherine Wilhelm 5. Date of Birth of Child (Month, day, year) August 25, 1910

6. Sex female 7. Twin or Triplet ----- If so—born 1st, 2nd, 3rd ----- 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD MOTHER OF CHILD

10. FULL NAME Otto Wilhelm 16. FULL MAIDEN NAME Cora May Knouse
11. Color white 12. Age at time of THIS birth 36 yrs. 17. Color white 18. Age at time of THIS birth 28 yrs.
13. Birthplace Oettingen, Bavaria, Germany 19. Birthplace Llano, Texas
(City or town) (State or foreign country) (City or town) (State or foreign country)
14. Exact Occupation Farmer 20. Exact Occupation housewife
15. Industry or Business ----- 21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum -----
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11 A. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Cora May Wilhelm (First name) (Last name)
who is related as mother (Mother, etc.)

25. Attendant's R. O. Williams M.D. Address Emmett Date 9-26-43
OWN signature Midwife

State of _____ } ss.
County of _____ } (To be completed when the attendant does not sign in Item 25.)

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, (Mother, etc.)
above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth (Is now deceased) or (Cannot be located) I further
(First name) (Last name) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____.

(SEAL) _____, Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 4 - 1943 by Mary Elder, Registrar.

OCT 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

819 102-001 963

378842

378842

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>Thacker St.</u> (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? _____ yrs.	
4. FULL NAME OF CHILD <u>Jimmie Hardisty</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		5. Date of Birth of Child <u>Nov 2-1910</u> (Month, day, year) _____ 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
6. Sex <u>male</u> 10. FULL NAME <u>Abner Hardisty</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>38</u> yrs. 13. Birthplace <u>Bladenisville, Ill.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Lumberman</u> 15. Industry or Business _____		16. FULL MAIDEN NAME <u>Myrtle Bolter</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>28</u> yrs. 19. Birthplace <u>La. Vape, Ill.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Credes Sal.</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>3rd</u> (b) Born alive and now living _____			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____ (Mother, etc.)

25. Attendant's OWN signature John Brant **M.D.** _____ **Address** Boise, Ida **Date** 10-11-43
Midwife _____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 31 years of age, that I have known this person for life years, and that _____, who attended this birth _____ I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____.

(SEAL) _____, Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by Malcolm H. Elder, Registrar.

OCT 11 1943

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AUG 25 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

741-104 026-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

378845

State File No. 378845

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Elmore (b) City mt. Home
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 7 years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City mt. Home
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? _____ yrs.

4. **FULL NAME OF CHILD** George Robert Gray
5. Date of Birth of Child July 4, 1910
(Month, day, year)
6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy _____ 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** George Gray
11. Color white 12. Age at time of THIS birth 33 yrs.
13. Birthplace Marquette Wis.
(City or town) (State or foreign country)
14. Exact Occupation Mail Carrier
15. Industry or Business _____
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Rosa Della Brunsaw
17. Color white 18. Age at time of THIS birth 32 yrs.
19. Birthplace Menomonee Mich.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

- State of Idaho } ss.
County of Ada }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

- I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 46 years of age, that I have known this person for life years, and that
Mrs. Brunsaw (First name) Deceased (Last name), who attended this birth, (Is now deceased) or (Cannot be located) I further
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Mrs. Frances Bersch Signature

P. O. Address _____

Subscribed and sworn to before me this 12 day of October, 1910

(SEAL)

Pauline Ambrose, Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct. 12-1910 by Mabel Helder Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

318-110-030693

378946

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City North Fork
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City North Fork
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs. App.
3. **RESIDENCE OF FATHER** (city, state) Deceased.

4. **FULL NAME OF CHILD** Clyde Casper Taylor
5. Date of Birth of Child (Month, day, year) July 10, 1910
6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy Nine 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Haniel Stephen Taylor
11. Color White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Palo Pinto County, Texas
(City or town) (State or foreign country)
14. Exact Occupation Ranch and sawmill
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Lois Nina Wilson
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Nashville, Tennessee
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known
23. Number of children of this mother: (a) At time of birth and including this child Three (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of California } ss.
County of San Bernardino

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 45 years of age, that I have known this person for 33 years, and that
Mrs. Bartl who attended this birth Cannot be located I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Elizabeth S. Corbett Signature
P. O. Box #181 P. O. Address
Fontana, California
September 1943

Subscribed and sworn to before me this 27th day of September, 1943.
(SEAL) Eunice T Benjamin Notary Public, residing at San Bernardino, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 5 1943 by Mabel Helder, Registrar.

1948
OCT 6

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-206-036-154

378934

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Oreida (b) City American Falls
(c) Street Address or R.F.D. No. Star Route
(d) Name of Hospital or Maternity Home: At Home

(e) Mothers stay BEFORE delivery:

In THIS county 3 1/2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Oreida
(c) City Vicinity of American Falls
(d) Street Address or R.F.D. No. Star Route
(e) How long has MOTHER lived in Idaho? 12 1/2 yrs.

4. FULL NAME OF CHILD

Emma May Cooper

5. Date of Birth of Child

(Month, day, year) April 6, 1910

6. Sex Female
7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Heber William Cooper
11. Color or Race white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Bountiful Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Henretta Amalia Anderson
17. Color or Race Norwegian 18. Age at time of THIS birth 24 yrs.
19. Birthplace Aalesund Norway
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____

(First name)

(Last name)

who is related as _____

(Mother, etc.)

25. Attendant's
OWN signature

M.D.
Midwife

Address

Date

State of _____ } ss.
County of _____ }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4,
above, that I am now 33 years of age, that I have known this person for 33 years, and that

Mr. H. H. Cooper (First name) noth (Last name), who attended this birth is now deceased I further
(Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Heber W. Cooper Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____

(SEAL)

Per Barbee Commission Expires Jan. 25, 1914
Notary Public, residing at Blauvelt

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by Mary F. Elder Registrar.

OCT 4 1910

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1961 8 100

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

243 231 001-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **378978**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County **Ada** (b) City **Boise**
(c) Street Address or R.F.D. No. **1921 Eastman St**
(d) Name of Hospital or Maternity Home: **Private home**
(e) Mothers stay BEFORE delivery:
In **THIS** county **3** years **5** months **10** days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State **C Idaho** (b) County **Ada**
(c) City **Boise**
(d) Street Address or R.F.D. No. **1921 Eastman St**
(e) How long has MOTHER lived in Idaho? **3** yrs.

4. FULL NAME OF CHILD **Jean Eliza Bullock**
6. Sex **Female**
7. Twin or Triplet
If so—born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) **Boise, Idaho**
5. Date of Birth of Child (Month, day, year) **July 31, 1910**
8. No. months of Pregnancy **9**
9. Legitimate? **Yes**

FATHER OF CHILD
10. FULL NAME **Dana Jeshurun Bullock**
11. Color or Race **White** 12. Age at time of THIS birth **23** yrs.
13. Birthplace **Blanchard, Iowa**
(City or town) (State or foreign country)
14. Exact Occupation **Bank bookkeeper**
15. Industry or Business **Bank**

MOTHER OF CHILD
16. FULL MAIDEN NAME **Clara Maggie Jane Blakley**
17. Color or Race **White** 18. Age at time of THIS birth **23** yrs.
19. Birthplace **Rogersville, Tenn.**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **1**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **Born alive** at **11:40 P.M.** on the date **Sept 1, 1943** and at the place stated above, and that personal particulars were furnished by **Dana Bullock** who is related as **Father** (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature **J. M. Taylor** M.D. Address **Boise, Ida** Date **Sept 2, 1943**

State of _____ County of _____ ss. (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____.
(SEAL) _____, Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **NOV 8 1943** by **Mabel J. Baker**, Registrar.

1943 OCT 8 130

W 1137

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

632-203016-869

378980

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Sublett
(c) Street Address or R.F.D. No. Gen. D.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia
(c) City Sublett
(d) Street Address or R.F.D. No. Gen D
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

4. FULL NAME OF CHILD

Vera Peresia Olson

5. Date of Birth of Child

(Month, day, year) Nov. 3, 1910

6. Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Arnold Richard Olson

11. Color white 12. Age at time of THIS birth 31 yrs.

13. Birthplace Snowville Utah
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lavinia Horn

17. Color white 18. Age at time of THIS birth 21 yrs.

19. Birthplace Sublett Idaho
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 9 P. M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Arnold Olson
(First name) (Last name)
who is related as father
(Mother, etc.)

25. Attendant's B. I. Sater M.D. Address Albion, Ida Date 9/26/43
OWN signature Midwife

State of _____ } ss.
County of _____ }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now _____ years of age, that I have known this person for _____ years, and that

_____, who attended this birth _____ I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____.

(SEAL)

_____, Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 9 - 1943 by Mary Elder, Registrar.

8761 8 130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

612-208 028-753

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

378990

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county 6 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 6 years yrs.

4. **FULL NAME OF CHILD** Amanda Fabricius
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) Feb. 8, 1910
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Hans Madson Fabricius
11. Color White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Siby Denmark
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** ELLEN PETERSON
17. Color White 18. Age at time of THIS birth 41 yrs.
19. Birthplace Siby Denmark
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington ss.
County of Spokane

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 32 years, and that Dr. Nelson, who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Ellen Peterson Fabricius Signature
Box 373 Harrison Idaho P. O. Address

Subscribed and sworn to before me this 29th day of October, 1943
(SEAL) Francisco Marquez Notary Public, residing at Spokane
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

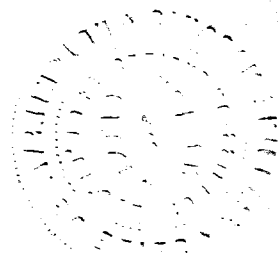
Received for filing on OCT 12 1943 by Mary F. Bolder, Registrar.

OCT 13 1930

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

695104029-168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 379008
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Potlatch
(c) Street Address or R.F.D. No. 870 Cedar
(d) Name of Hospital or Maternity Home: none

(e) Mothers stay BEFORE delivery:
In THIS county years 3 months 4 days

4. FULL NAME OF CHILD

Milton Julius Oien

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Peter Olaus Oien
11. Color white 12. Age at time of THIS birth 21 yrs.
13. Birthplace Trondheim, Norway
(City or town) (State or foreign country)
14. Exact Occupation Sawmill laborer
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Potlatch
(d) Street Address or R.F.D. No. 870 Cedar

(e) How long has MOTHER lived in Idaho? 3 months

3. RESIDENCE OF FATHER (city, state)

Potlatch, Ida.
5. Date of Birth of Child (Month, day, year) Mar. 4, 1910

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Ingeborg Jonetta Johnson
17. Color white 18. Age at time of THIS birth 21 yrs.
19. Birthplace Trondheim, Norway
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. none

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at 10 P. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Ingeborg J. Oien who is related as Mother (Mother, etc.)
(First name) (Last name)

25. Attendant's OWN signature J. W. Thompson M.D. Address Moscow, Idaho Date Oct 8-43

State of _____ } ss.
County of _____ }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, (Mother, etc.)
above, that I am now _____ years of age, that I have known this person for _____ years, and that

_____, who attended this birth. I further (First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____.

(SEAL)

_____, Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 12 1943 by Mabel H. Elder, Registrar.

OCT 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the~~ purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

289-114 018-445

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **879023**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Clearwater (b) City Orofino
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county 3 years months days

4. FULL NAME OF CHILD Stanley Lewis Shriver

6. Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Ralph Shriver
11. Color White 12. Age at time of THIS birth 23 yrs.
13. Birthplace Charlotte Michigan
(City or town) (State or foreign country)
14. Exact Occupation carpenter
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Clearwater
(c) City Orofino
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 3-2 yrs.3. RESIDENCE OF FATHER (city, state) Orofino Idaho

5. Date of Birth of Child
(Month, day, year) Oct. 14, 1910

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Mary Duncanson
17. Color white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Eastville N. S. S. S. S.
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 12 P. M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Ralph Shriver, who is
related to this child as father
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears
in Item 4, above, that I am now 56 years of age, that I have known this person for 33 years, and that
DR. JAMES M. FAIRLY, who attended this birth Deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Ralph Shriver
Orofino, Idaho

Signature

P. O. Address

Subscribed and sworn to before me this 12th day of October, 19 43

(SEAL)

Frank D. Smith Notary Public, residing at Orofino, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 14 1943 by Mabel H. H. H. Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 15 1900

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

213 203 029-651

379033

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
(a) County Latah (b) City Julietta
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Julietta
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address.
3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Almeda Bea Balch
6. Sex Female **7. Twin or Triplet** No **8. No. months of Pregnancy** 9
9. Legitimate? Yes

5. Date of Birth (Month, day year) 3-3-1910

FATHER OF CHILD
10. FULL NAME Robert Eugene Balch
11. Color or Race White **12. Age at time of THIS birth** 21 yrs.
13. Birthplace Cherokee, Kansas
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL NAME Almeda Weaver
17. Color or Race White **18. Age at time of THIS birth** 20 yrs.
19. Birthplace Washington
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(First name) (Last name)

26. (a) Date received OCT 14 1943 **(b) Registrar's signature** [Signature]
27. Given name added on **by**
(Registrar's signature)

25. Attendant's OWN signature **M.D.**
(D.O., Midwife, etc.)
and address Date

State of Montana } ss.
County of Basque }
I, Robert E. Balch
Almeda Bea Balch
(Name of person on certificate above)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

being first duly sworn, say that I am related (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Rothwell (Name of attendant at birth) who attended said birth deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Robert E. Balch Signature
Basque P. O. Address
October 1943
Notary Public, residing at Basque, Mont.

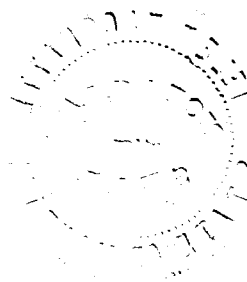
Notary Public for the State of Montana, on this 4 day of October
Residing at Basque, Montana
My Commission Expires March 5th, 1946

OCT 15 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

719 111-006-165
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
CERTIFICATE OF BIRTH
STATE OF IDAHO

379071
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>BINGHAM</u> (b) City <u>STERLING</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>NONE</u> (e) Mother's stay BEFORE delivery: <u>IN THIS</u> county <u>2</u> years months days	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>UTAH</u> (b) County <u>WEBER</u> (c) City <u>OGDEN CITY</u> (d) Street Address or R.F.D. No. <u>3203 Wall Ave</u> (e) How long has MOTHER lived in Idaho? <u>18</u> yrs.
---	--

4. FULL NAME OF CHILD <u>Lorin HORACE GARDER</u> 6. Sex <u>boy</u> 7. Twin or Triplet <u>if so - born 1st, 2nd, 3rd</u>	5. Date of Birth of Child (Month, day, year) <u>10-11-1943</u> 8. No. months of Pregnancy <u>9. Legitimate?</u>
--	--

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>HORACE THOMAS GARDER</u>	16. FULL MAIDEN NAME <u>Alice ELIZABETH JONES</u>	11. Color or Race <u>WHITE</u>	17. Color or Race <u>white</u>
12. Age at time of THIS birth <u>31</u> yrs.	18. Age at time of THIS birth <u>25</u> yrs.	13. Birthplace <u>MORGAN, UTAH</u> (City or town) (State or foreign country)	19. Birthplace <u>SOUTH WEBER, UTAH</u> (City or town) (State or foreign country)
14. Exact Occupation <u>FARMER</u>	20. Exact Occupation <u>HOUSEWIFE</u>	15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at A M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ALICE JONES GARDER, who is related to this child as MOTHER (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____

State of UTAH County of WEBER } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 56 years of age, that I have known this person for 31 years, and that DOCTOR MCKINNON (First name) (Last name) who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Alice Jones Garder Signature
3203 Wall Ave. Ogden, Utah P. O. Address

Subscribed and sworn to before me this 14 day of SEPTEMBER, 1943
(SEAL) Henry Decker Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on OCT 19 1943 by Alice Jones Garder Registrar.

JAN 14 1972

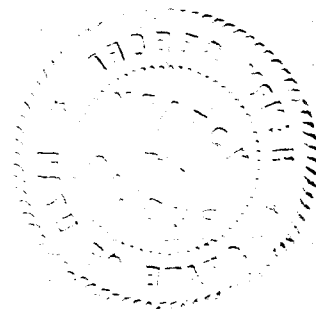
SEP 1 1976

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

141 229 039 215
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **379089**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Powder</u> (b) City <u>Rockland</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mothers stay BEFORE delivery: In THIS county years <u>6</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Powder</u> (c) City <u>Rockland</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>6 mo.</u> yrs.	
4. FULL NAME OF CHILD <u>Olive Mae Adams</u> 7. Twin or Triplet 8. No. months of Pregnancy <u>9 mo.</u>		3. RESIDENCE OF FATHER (city, state) <u>Rockland, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>3-29-1910</u> 9. Legitimate? <u>Yes</u>	
6. Sex <u>Female</u> FATHER OF CHILD 10. FULL NAME <u>Alanson R. Adams</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>30</u> yrs. 13. Birthplace <u>Rockland, Idaho</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Maudie Jane Kane</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>27</u> yrs. 19. Birthplace <u>Chippewas, Michigan</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. <u>1% Sol Agl</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>6</u> (b) Born alive and now living <u>6</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Aline at 10:15 P. M. on the date Aug 31 1943 (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Alanson R. Adams who is related as Father (First name) (Last name)
(Mother, etc.)
25. Attendant's OWN signature V. G. Hogan M.D. Midwife Address American Falls Date Aug 31 1943

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this day of, 19.....

(SEAL)

....., Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 19 1943 by Mabel Kelder, Registrar.

OCT 20 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

269 128003 689

380390

380390

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Swan Lake
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home: _____

(e) Mothers stay **BEFORE** delivery:
In **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Swan Lake
(d) Street Address or R.F.D. No. ---

(e) How long has **MOTHER** lived in Idaho? 21 yrs. yrs.

3. RESIDENCE OF FATHER (city, state) Swan Lake, Ida.

4. FULL NAME OF CHILD KENNETH CHRISTIAN SORENSEN

5. Date of Birth of Child
(Month, day, year) Sept. 28, 1910

6. Sex Male 7. Twin or Triplet -- If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Peter Christian Sorensen
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Huoring Denmark
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Carra Lewis Whitt
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Lewiston, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Unknown

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife

State of Idaho } ss.
County of Bannock }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 54 years of age, that I have known this person for 33 years, and that
(First name) Dr. Arnout (Last name) who attended this birth cannot be located I further
(Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Carra Lewis Sorensen mother
Swan Lake, Idaho P.O. Address _____

Subscribed and sworn to before me this 22nd day of October, 1943.

(SEAL) A. E. Thunders Notary Public, residing at Swan Lake, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

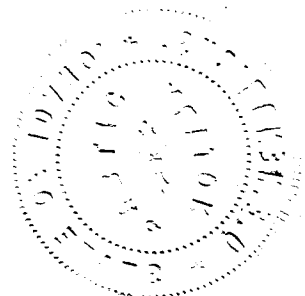
Received for filing on OCT 30 1943 by Mary Elder Registrar.

NOV 1 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

847 11006 219

380401

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Standrod
(c) Street Address or R.F.D. No. Standrod, Idaho
(d) Name of Hospital or Maternity Home: own home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Standrod
(d) Street Address or R.F.D. No. Standrod, Idaho
(e) How long has **MOTHER** lived in Idaho? Five yrs

4. **FULL NAME OF CHILD** Edward Arnold Hugentobler
7. Twin or Triplet 1st-born
6. Sex Male 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year) 6/10/1910
8. No. months of Pregnancy Nine 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** John Edward Hugentobler
11. Color White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Salina, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Alla Barnes
17. Color White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Salt Lake City, Utah
(City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 1 PM on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Alla Hugentobler
who is related as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's Mrs Olive Badger M.D. Address Regina, Idaho Date Sept 18, 1943
OWN signature Midwife

State of _____ } ss.
County of _____ }
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now _____ years of age, that I have known this person for _____ years, and that
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____.
(SEAL) _____, Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 26 1943 by W. J. Elder Registrar.

1937 2 2 130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

853-117 029-259

380409

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Idaho (b) City Moscow
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 1/2 yrs

3. RESIDENCE OF FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD Miller Helland

5. Date of Birth of Child
(Month, day, year) April 17, 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Carl John Helland
11. Color White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Ada, Minnesota
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gurine Berge
17. Color White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Stavanger, Norway
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Island } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 33 years, and that DR. JOHAN VICK who attended this birth cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carl Johan Helland Signature
CLINTON, WASH.

Subscribed and sworn to before me this 28 day of August, 1943

(SEAL) S. H. Hourse Notary Public, residing at Clinton, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Malcolm F. Elder, Registrar.

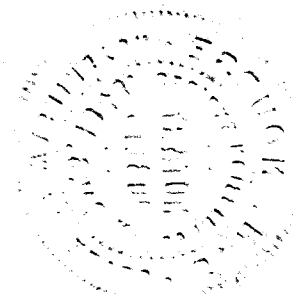
OCT 22 1943

MAY 27 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



380411

693 215042-573
 United States
 Department of Commerce
 Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
 Local Reg. No.
 Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Twin Falls (b) City Twin Falls

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

Own Home

(e) Mothers stay BEFORE delivery:

In THIS county 4 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Twin Falls(c) City Twin Falls

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 13 yrs.3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME

OF CHILD Edith Victoria Willis

5. Date of Birth of Child

(Month, day, year) Feb. 15, 19106. Sex Female7. Twin or
TripletIf so—born
1st, 2nd, 3rd8. No. months
of Pregnancy 9 mo9. Legitimate? Yes

FATHER OF CHILD

10. FULL

NAME George Henry Willis

11. Color

or Race White

12. Age at time

of THIS birth 31 yrs.

13. Birthplace

Ogden, Utah

(City or town)

(State or foreign country)

14. Exact

Occupation Farmer

15. Industry or

Business Ranching

MOTHER OF CHILD

16. FULL MAIDEN

NAME Eloise May Van Valer

17. Color

or Race White

18. Age at time

of THIS birth 21 yrs.

19. Birthplace

Ft. Grant, Arizona

(City or town)

(State or foreign country)

20. Exact

Occupation Housewife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by (First name) (Last name)

who is related as

(Mother, etc.)

25. Attendant's

signature

M.D.

Address

Date

Midwife

State of ArizonaCounty of Santa Cruz ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, (Mother, etc.)above, that I am now 54 years of age, that I have known this person for 33 years, and thatMrs Al Roberts

(First name)

(Last name)

, who attended this birth Cannot be located I further

(Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Eloise May Van Valer Carver SignaturePatagonia, Arizona. P. O. AddressSubscribed and sworn to before me this 18, day of October, 19 43

(SEAL)

Hesa J. Blalock

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Ariz.Received for filing on OCT 18 1943 by Mrs J. Blalock Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 29 1948

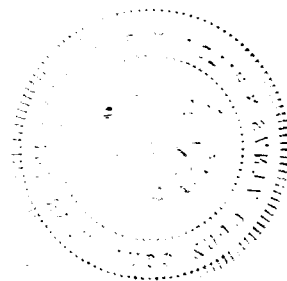
OCT 22 1948

OCT 28 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

432-211010-231

380420

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. North Water Avenue
(d) Name of Hospital or Maternity Home: same as above
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 31 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. North Water Avenue
(e) How long has **MOTHER** lived in Idaho? 41 yrs.
3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Idaho

4. **FULL NAME OF CHILD** Zella McKay
5. Date of Birth of Child
(Month, day, year) Dec. 11, 1910

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 8 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Lewis McKay
11. Color or Race White 12. Age at time of THIS birth 23 yrs.
13. Birthplace Lincoln, Nebraska
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Emily Blackburn
17. Color or Race white 18. Age at time of THIS birth 18 yrs.
19. Birthplace Lyman, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nit.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 7 A.M. on the date Dec 11, 1910
(Born alive, stillborn) (First name) (Last name)
and at the place stated above, and that personal particulars were furnished by Emily
who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature E. S. Fuller, M.D. Address Ramona Calif Date Dec 17, 1913
(Midwife)

State of Calif. ss.
County of

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now years of age, that I have known this person for years, and that

 who attended this birth. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 1913.

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 16, 1913 by Registrar.

Oct 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-224040-165

380464

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Shoshone (b) City Warner

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: Home

(e) Mothers stay BEFORE delivery:

In THIS county 1 years months days

4. FULL NAME OF CHILD

Edythe Roberts

7. Twin or

Triplet

If so—born

1st, 2nd, 3rd

6. Sex Female

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Shoshone(c) City Warner

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 1 yrs.3. RESIDENCE OF FATHER (city, state) Warner, Idaho

5. Date of Birth of Child

(Month, day, year) 10-24-10

8. No. months

of Pregnancy 9

9. Legitimate?

Yes

FATHER OF CHILD

10. FULL NAME

Harry Roberts

11. Color

White

12. Age at time

of THIS birth 29 yrs.

13. Birthplace

N. Wales

(City or town)

(State or foreign country)

14. Exact

Occupation

Miner

15. Industry or

Business

Bunker Hill Mine

MOTHER OF CHILD

16. FULL MAIDEN NAME

Jennie Jones

17. Color

White

18. Age at time

of THIS birth 25 yrs.

19. Birthplace

N. Wales

(City or town)

(State or foreign country)

20. Exact

Occupation

Housewife

21. Industry or

Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by

(First name)

(Last name)

who is related as

(Mother, etc.)

25. Attendant's
OWN signature

M.D.

Address

Date

Midwife

State of Idaho } ss.
County of Shoshone

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 58 years of age, that I have known this person for 32 years, and that

(First name)

Dr. Macneil

(Last name)

, who attended this birth Deceased I further

(Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.Jennie Roberts Signature
12194 - Dixie, Detroit, Mich P. O. AddressSubscribed and sworn to before me this 23rd day of October, 1943

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Clarence E. Schaefer Notary Public, residing at Wayne, COReceived for filing on Oct 28 1943 by My Commission Expires Mar. 22, 1947 Registrar.

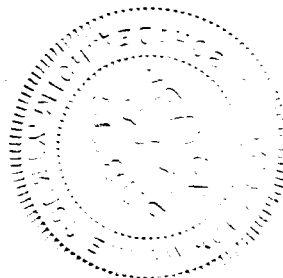
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

Oct 2 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, ~~has not been recorded, or in case of failure to report any birth~~ which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

235-222-044 235 380540 380540

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Washington</u> (b) City <u>Midvale</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Washington</u> (c) City <u>Midvale</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>27</u> yrs.	
4. FULL NAME OF CHILD <u>Nettie Josephine Stephens</u>		5. Date of Birth of Child (Month, day, year) <u>Feb 22-1910</u>	
6. Sex <u>female</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy 9. Legitimate?	
FATHER OF CHILD 10. FULL NAME <u>George Washington Stephens</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth yrs. 13. Birthplace <u>Looking glass Oregon</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farming & stock raising</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Elizabeth Stewart</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>27</u> yrs. 19. Birthplace <u>Indian Valley Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>house keeper</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum.			
23. Number of children of this mother: (a) At time of birth and including this child <u>6</u> (b) Born alive and now living <u>6</u>			
ATTENDANT'S CERTIFICATE			
24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (First name) (Last name) (Mother, etc.)			
25. Attendant's OWN signature		M.D. Midwife Address Date	
State of <u>Idaho</u> County of <u>Adams</u> } ss.		AFFIDAVIT to be completed when the attendant does not sign in Item 25.	
I, the undersigned, being first duly sworn, say that I am the <u>Mother</u> (Mother, etc.) of the person whose name appears in Item 4, above, that I am now <u>60</u> years of age, that I have known this person for <u>32</u> years, and that who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)			
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.			
(SEAL) <u>P. H. Ware</u>		<u>Elizabeth Stephens</u> Signature <u>Midvale Idaho</u> P. O. Address	
Subscribed and sworn to before me this <u>15</u> day of <u>November</u> , 19 <u>43</u>		Notary Public, residing at <u>Indian Valley</u>	
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)			
Received for filing on <u>NOV 18 1943</u> by <u>Mabel F. Lister</u> , Registrar.			

JAN 18 1968

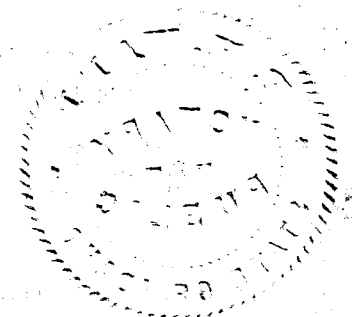
APR 25 1972

NOV 18 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

296-125-014-165

380542

380542

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Middletown
(c) Street Address or R.F.D. No. Middletown
(d) Name of Hospital or Maternity Home: Home

(e) Mothers stay BEFORE delivery:

In THIS county years months days

4. FULL NAME OF CHILD Walter Lowell Brown

7. Twin or Triplet If so—born 1st, 2nd, 3rd

6. Sex boy

FATHER OF CHILD

10. FULL NAME Alfred Blaine Brown

11. Color or Race White 12. Age at time of THIS birth 22 yrs.

13. Birthplace Middletown (City or town) Cedar County (State or foreign country)

14. Exact Occupation Lumber

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Middletown
(d) Street Address or R.F.D. No. Middletown

(e) How long has MOTHER lived in Idaho? fifty yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child (Month, day, year) Nov 25 1919

8. No. months of Pregnancy 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Pearl May Jones

17. Color or Race White 18. Age at time of THIS birth 22 yrs.

19. Birthplace Idaho (City or town) Damian County (State or foreign country)

20. Exact Occupation Lumber

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Idaho County of Idaho ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for life years, and that

Dr. Haggie (First name) Alfred Blaine Brown (Last name), who attended this birth, (Is now deceased) or (Cannot be located) I further

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alfred Blaine Brown Signature
Eagle, Ida. R. 1 P. O. Address

Subscribed and sworn to before me this 17 day of November, 1923

(SEAL)

Pauline Ambrose Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

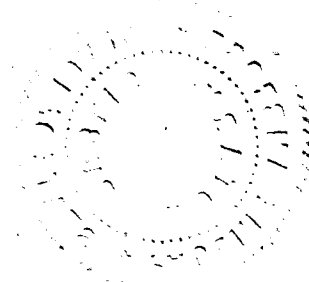
Received for filing on Nov 17 1923 by Registrar.

NOV 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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418 105016-571

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

380570

State File No. 380570

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Burley

(c) Street Address or R.F.D. No. 2

(d) Name of Hospital or Maternity Home:

Home

(e) Mothers stay BEFORE delivery:

In THIS county years months days

4. FULL NAME OF CHILD Lloyd R. Dayley

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Joseph H. Dayley

11. Color or Race White 12. Age at time of THIS birth 40 yrs.

13. Birthplace Grantsville, Utah (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia

(c) City Burley

(d) Street Address or R.F.D. No. 2

(e) How long has MOTHER lived in Idaho? 64 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child (Month, day, year) April 5, 1910

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Emily Theresa Egan

17. Color or Race White 18. Age at time of THIS birth 35 yrs.

19. Birthplace Beepareek, Utah (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by (First name) (Last name)

who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Idaho County of Ada ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, (Mother, etc.)

above, that I am now 68 years of age, that I have known this person for life years, and that

(First name) (Last name), who attended this birth deceased I further (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emily Theresa Dayley Signature

2422 Madison Boise P. O. Address

Subscribed and sworn to before me this 3 day of December, 1943

(SEAL)

Charles Ambrose, Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

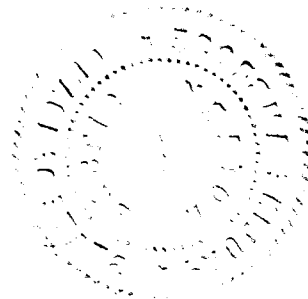
Received for filing on Dec. 3-1943 by Mal Hilder, Registrar.

202 7 020

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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793-209003-491

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **380583**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Pocatello

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mothers stay **BEFORE** delivery:In **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State. (b) County.

(c) City.

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Nellie Gillen

5. Date of Birth of Child

(Month, day, year) 9/9/19106. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9mo9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Michael Francis Gillen11. Color or Race white12. Age at time of THIS birth 57 yrs.13. Birthplace Brooklyn N. York
(City or town) (State or foreign country)14. Exact Occupation Stonecutter and mason

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Harriet Lillian Draper17. Color or Race white18. Age at time of THIS birth 38 yrs.19. Birthplace Richmond Utah
(City or town) (State or foreign country)20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by (First name) (Last name)

who is related as. (Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife

Address

Date

State of Oregon } ss.
County of Multnomah

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4,

(Mother, etc.)

above, that I am now 39 years of age, that I have known this person for 33 years, and thatNellie (First name) Gillen (Last name), who attended this birth Not Known I further

(Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Enda Burgin Signature410 S.W. Pelatine Road P. O. AddressSubscribed and sworn to before me this 1st day of Nov 1943

MY COMMISSION EXPIRES OCT. 7, 1944

Notary Public, residing at Portland, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 5 1943 by Mabel H. Edgar Registrar.

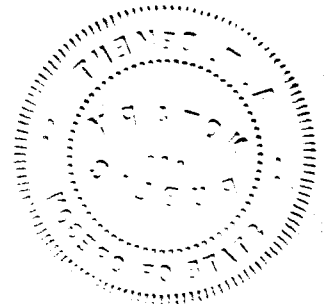
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage in State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of 10¢ for each copy, money order or coin.

1937
NOV 8

DELAYED REGISTRATION LAW

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432-226 006 765

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 880603
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 10 months yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot, Idaho
5. Date of Birth of Child
(Month, day, year) April 26, 1910

4. **FULL NAME OF CHILD** Clella Edna McBride
6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Lawrence Joseph McBride
11. Color or Race white 12. Age at time of THIS birth 24 yrs.
13. Birthplace Swallows Colorado
(City or town) (State or foreign country)
14. Exact Occupation Section Foreman
15. Industry or Business Oregon Short Line Railroad

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Esther Olivia Goss
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Pueblo Colorado
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of Colorado } ss.
County of Pueblo

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 54 years of age, that I have known this person for 33 years, and that
Dr. Davis, who attended this birth is believed to be deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Signature Esther McBride
P. O. Address 1402 E. 9th Pueblo, Colo.

Subscribed and sworn to before me this 4th day of November, 1943
(SEAL) Mary E. Hoffmann, Notary Public, residing at apex 550 Thatcher Bldg.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My comm. exp. 9/9/44

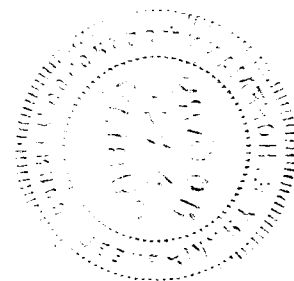
Received for filing on NOV 9 1943 by _____ Registrar.

NOV 6 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Moscow, Ida.
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Born at home.
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Ida. (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lillian Oddson

5. Date of Birth of Child Feb. 10, 1910.
(Month, day, year)

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Einar B. Oddson
11. Color White 12. Age at time of THIS birth 45 yrs.
13. Birthplace Iceland
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Bjornson
17. Color White 18. Age at time of THIS birth 43 yrs.
19. Birthplace Iceland
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature

M.D.

Midwife

Address

Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 33 years, and that....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Emma B. Oddson Signature
9003 N.E. Weygant, Portland, Ore. P. O. Address

Subscribed and sworn to before me this 4th day of November, 1943.

(SEAL)

Jessie B. Bruce Notary Public, residing at Portland, Oregon

(Note. Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated. My com. exp: 7/16/47.)

Received for filing on Nov. 2, 1943 by Registrar.


380606

8401 6 AON

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

385-124014 394

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City New Plymouth
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years 11 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County New Plymouth
(c) City New Plymouth Canyon
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) New Plymouth

4. **FULL NAME OF CHILD** DOUGLAS HARRISON CHENEY
5. Date of Birth of Child (Month, day, year) Aug 27 1910
6. Sex Male 7. Twin or Triplet 1 If so—born 1st, 2nd, 3rd 2nd 8. No. months of Pregnancy 9 9. Legitimate? 2

FATHER OF CHILD
10. **FULL NAME** Homer Cheney
11. Color or Race 12. Age at time of THIS birth 43 yrs.
13. Birthplace Michigan (City or town) (State or foreign country)
14. Exact Occupation Bee Keeper
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mrs. Marion Timmerman
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace New Plymouth Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born at 7 A.M. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Homer Cheney, who is related to this child as Father (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature Dr. W. T. Drysdale M.D. Midwife Address Vet. arm. Decore, Pa Date 9-30-43

State of Idaho County of Payette } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for all his life years, and that Dr. Drysdale (First name) (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Marion Cheney Signature

Union Ore. P.O. Box 374 P. O. Address

Subscribed and sworn to before me this 13 day of February, 1943

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb 13 1943 by John F. Haden Registrar.

AUG 30 1972

NOV 20 1943
NOV 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

766-227042-434

380645

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Jerim Falls</u> (b) City <u>Filer</u> (c) Street Address or R.F.D. No. <u>1</u> (d) Name of Hospital or Maternity Home: <u>at residence</u> (e) Mothers stay BEFORE delivery: In THIS county <u>1</u> years <u>7</u> months <u>7</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Jerim Falls</u> (c) City <u>Filer</u> (d) Street Address or R.F.D. No. <u>1</u> (e) How long has MOTHER lived in Idaho? <u>34</u> yrs.	
4. FULL NAME OF CHILD <u>Lais Pool</u>		5. Date of Birth of Child <u>Oct 27-1910</u> (Month, day, year)	
6. Sex <u>Female</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet <u>Triple</u>		9. Legitimate? <u>yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Landrum Earl Pool</u>		16. FULL MARDEN NAME <u>Hala Ruth McDonald</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>21</u> yrs.		18. Age at time of THIS birth <u>20</u> yrs.	
13. Birthplace <u>Greenville, South Carolina</u> (City or town) (State or foreign country)		19. Birthplace <u>Callin County, Texas</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farming</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>agno 10%</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>yes</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn) Maer Pool
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as mother
(Mother, etc.)

25. Attendant's OWN signature A. A. Newberry **M.D.** Midwife **Address** Jerim Falls **Date** Ida

State of } ss.
County of

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now years of age, that I have known this person for years, and that
....., who attended this birth I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this day of, 19.....

(SEAL)

....., Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Registrar.

NOV 9 1942

DEC 2 1968

DEC 4 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212 203029-235

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **380670**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Deary</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mother's stay BEFORE delivery: IN THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Deary</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? ... yrs.	
4. FULL NAME OF CHILD <u>Sylvia Leona Baker</u>		3. RESIDENCE OF FATHER (city, state) <u>Deary Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Oct 3, 1910</u>	
6. Sex <u>Female</u>		7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Columbus Baker</u> 11. Color <u>White</u> 12. Age at time of THIS birth <u>45</u> yrs. 13. Birthplace <u>Cullman Ohio</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Laborer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Viola Angeline Stewart</u> 17. Color <u>White</u> 18. Age at time of THIS birth <u>37</u> yrs. 19. Birthplace <u>Hyd. Co. Virginia</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child, 5 (b) Born alive and now living, 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by who is related to this child as
 (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature **M.D.** **Address** **Date**

State of Idaho County of Latah } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this day of
 (SEAL) Notary Public, residing at
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

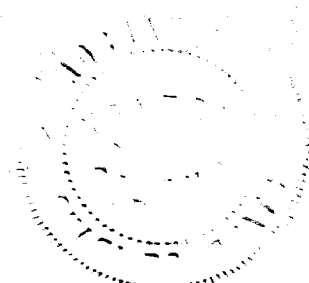
Received for filing on NOV 13 1943 by Notary Public Registrar.

NOV 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

319 121-044 893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **380676**

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County **Washington** (b) City **Mineral**
(c) Street Address or R.F.D. No. **Rural Home**
(d) Name of Hospital or Maternity Home:
my own home
(e) Mothers stay BEFORE delivery: **3** months **3** days
In **THIS** county **21** years

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State **Idaho** (b) County **Washington**
(c) City **Mineral**
(d) Street Address or R.F.D. No. **Rural Home**
(e) How long has **MOTHER** lived in Idaho? **21** yrs.

3. **RESIDENCE OF FATHER** (city, state) **Idaho**

4. **FULL NAME OF CHILD** **Lyle Davis Tarter**

5. Date of Birth of Child **July 21, 1910**
(Month, day, year)

6. Sex **Male** 7. Twin or Triplet **single** If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** **Alexander Davis Tarter**
11. Color **white** 12. Age at time of THIS birth **38** yrs.
13. Birthplace **Newbridge, Oregon**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** **Ethel Rodelia Hill**
17. Color **White** 18. Age at time of THIS birth **21** yrs.
19. Birthplace **Baker, Oregon**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum **none**
23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **2**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of **Ore gon** } ss.
County of **Union**

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now **54** years of age, that I have known this person for **33** years, and that
Martha Basche who attended this birth **at Halfway, Ore** I further
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Ethel R. Hard

Union, Oregon

Signature

P. O. Address

Subscribed and sworn to before me this **3rd** day of **November**, 19 **43**

(SEAL)

Larry D. Smith, Notary Public, residing at **Union, Ore.**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....by....., Registrar.

NOV 10 1910

SEP 16 1968

MAY 29 1953

NOV 15 1943

MAY 7 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Dup of 1910-304074

DELETED

258-113 010-654

380637

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bonneville</u> (b) City <u>Idaho Falls</u> (c) Street Address or R.F.D. No. <u>212 Elm St.</u> (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mothers stay BEFORE delivery: In THIS county <u>3</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) <u>Idaho</u> (b) County <u>Bonneville</u> (c) City <u>Idaho Falls,</u> (d) Street Address or R.F.D. No. <u>212 Elm St.</u> (e) How long has MOTHER lived in Idaho? <u>3 Yrs.</u> yrs.	
4. FULL NAME OF CHILD <u>William Wedge Snyder</u>		3. RESIDENCE OF FATHER (city, state) <u>Idaho Falls, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>April 13, 1910</u>	
6. Sex <u>M.</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William Suffer Snyder</u>	16. FULL MAIDEN NAME <u>Jessie Eliza Wedge</u>		
11. Color or Race <u>white</u>	17. Color or Race <u>white</u>		
12. Age at time of THIS birth <u>30</u> yrs.	18. Age at time of THIS birth <u>28</u> yrs.		
13. Birthplace <u>Champaign Co. Ohio USA</u> (City or town) (State or foreign country)	19. Birthplace <u>Spaulding Springs, Missouri</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Newspaper Pub.</u>	20. Exact Occupation <u>housewife</u>		
15. Industry or Business <u>Newspaper & Printing business</u>	21. Industry or Business		

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 33 years, and that Dr. William A. Kinnaird M.D. who attended this birth cannot be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Suffer Snyder
414 Cedar Street, Idaho Falls, Idaho
P. O. Address

Subscribed and sworn to before me this 1st day of November, 19 43

(SEAL) [Signature], Notary Public, residing at Idaho Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1943 by [Signature], Registrar.

NOV 21 1911

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, ~~or in case of failure to report~~ any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-128022-465

380786

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Teton City
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
At home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 26 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Teton City
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 59 yrs.
3. **RESIDENCE OF FATHER** (city, state) Teton City, Ida.

4. **FULL NAME OF CHILD** Jess Butt
5. Date of Birth of Child
(Month, day, year) June 28, 1910
6. Sex M 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** John Edward Butt
11. Color white 12. Age at time of THIS birth 44 yrs.
13. Birthplace Panguitch Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Mary Alice Donaldson
17. Color white 18. Age at time of THIS birth 42 yrs.
19. Birthplace Venden Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN signature** Idaho M.D. Midwife Address Idaho Date Idaho

State of Idaho County of Fremont } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for 33 years, and that Mary Sorenson, who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 12 day of November, 1943.
(SEAL) [Signature] Notary Public, residing at St. Anthony, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 19 1943 by [Signature] Registrar.

NOV 28 1911

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

381-203-009-457

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **380744**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County _____ (b) City LACLEDE
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay BEFORE delivery: BORN HERE
IN THIS county _____ years _____ months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County _____
(c) City LACLEDE
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.

3. RESIDENCE OF FATHER (city, state)

LACLEDE, Idaho

4. FULL NAME OF CHILD KATHERINE EULALIA CHARREY

5. Date of Birth of Child
(Month, day, year) April 3, 1910

6. Sex FEMALE 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy _____ 9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME WILLIAM CLEMENT CHARREY

11. Color WHITE 12. Age at time of THIS birth 30 yrs.

13. Birthplace UNIONVILLE, MICHIGAN
(City or town) (State or foreign country)

14. Exact Occupation FOREMAN

15. Industry or Business A.C. WHITE LUMBER CO.

MOTHER OF CHILD

16. FULL MAIDEN NAME BLANCHE ELLEN DEXTER

17. Color WHITE 18. Age at time of THIS birth 32 yrs.

19. Birthplace _____
(City or town) (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____

M.D. Midwife Address _____

Date 11/19/43

State of Idaho }
County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 35 years of age, that I have known this person for 32 years, and that

Margaret Dexter, who attended this birth deceased. Dr. Fox. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located) —

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before this 15th day of _____, 1943.

(SEAL) OTBandy

Notary Public, residing at Edna, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 19 1943 by Mary F. [Signature], Registrar.

NOV 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

866-127-092-219

380761

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Twin Falls</u> (b) City <u>Kimberly</u> (c) Street Address or R.F.D. No. <u>at Railway station</u> (d) Name of Hospital or Maternity Home: <u>born at home</u> (e) Mothers stay BEFORE delivery: <u>2</u> years <u>7</u> months <u>27</u> days In THIS county		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Twin Falls</u> (c) City <u>Kimberly</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has MOTHER lived in Idaho? <u>Three</u> yrs.	
4. FULL NAME OF CHILD <u>HAROLD FRANKLIN HOOVER</u>		3. RESIDENCE OF FATHER (city, state) <u>Kimberly, Idaho</u> 5. Date of Birth of Child <u>July 27, 1910</u> (Month, day, year)	
6. Sex <u>Male</u> 7. Twin or Triplet <u>Single</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>			
FATHER OF CHILD 10. FULL NAME <u>Benjamin Franklin Hoover</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>38</u> yrs. 13. Birthplace <u>Bicknell, Indiana</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Agent for railway company</u> 15. Industry or Business <u>Same</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Nellie May Barrows</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>34</u> yrs. 19. Birthplace <u>Bicknell, Indiana</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>Same</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Do not know</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>One</u> (b) Born alive and now living <u>One</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Midwife

AFFIDAVIT

State of Idaho } ss.
County of Twin Falls }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now Sixty-seven years of age, that I have known this person for 33 years, and that
Dr. J. W. White who attended this birth cannot be located. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Nellie May Hoover Signature
Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of November, 19 43

(SEAL)

Spencer R. Stephan Notary Public, residing at Twin Falls, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 19 1943 by Mary H. H. H. Registrar.

NOV 8 8 1918

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 131, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

259-2021004-544

801798

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Wardboro
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home.
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 30 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Wardboro
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
3. **RESIDENCE OF FATHER** (city, state) Wardboro, Idaho

4. **FULL NAME OF CHILD** Mae La Von Berrey
5. Date of Birth of Child
(Month, day, year) 5/2/1910
6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes.

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|---|---|--|
| 10. FULL NAME <u>John Alfonzo Berrey</u> | 16. FULL MAIDEN NAME <u>Mary Elizabeth Humpherys</u> | 17. Color or Race <u>White</u> | 18. Age at time of THIS birth <u>31</u> yrs. |
| 11. Birthplace <u>Dingle, Idaho.</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Paris, Idaho</u>
(City or town) (State or foreign country) | 20. Exact Occupation <u>Farmer and stockraiser.</u> | 21. Exact Occupation <u>Housewife.</u> |
| 12. Color or Race <u>White</u> | 22. Age at time of THIS birth <u>31</u> yrs. | 23. Industry or Business | 24. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% sol. Silv. Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mary Berrey,
(First name) (Last name)
who is related as mother.
(Mother, etc.)

25. Attendant's **OWN** signature Don Jaynes M.D. Address Al Ladena coly Date 7/2/42
Midwife
- State of } ss.
County of

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now years of age, that I have known this person for years, and that
....., who attended this birth I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this day of, 19.....

(SEAL)

....., Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 23 1942 by Wm H. H. H. Registrar.

NOV 28 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

152-216-014-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **381814**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. Linden St.
(d) Name of Hospital or Maternity Home:
Own Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 3 years 9 (?) months 16 (?) days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. Linden St.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

4. **FULL NAME OF CHILD**

Hazel Margaret Jester

5. Date of Birth of Child

(Month, day, year) Jan. 16, 1910

6. Sex Female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME**

Joshua Jester, Jr.

11. Color
or Race White

12. Age at time
of THIS birth 41 yrs.

13. Birthplace

Milford (?) Delaware

(City or town)

(State or foreign country)

14. Exact
Occupation

Deputy County Assessor

15. Industry or
Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME**

Orynthee Lizzie Brown

17. Color
or Race White

18. Age at time
of THIS birth 39 yrs.

19. Birthplace

Richmond Indiana

(City or town)

(State or foreign country)

20. Exact
Occupation

House Wife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 10 P.M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Orynthee Lizzie Jester

(First name)

(Last name)

who is related as Mother

(Mother, etc.)

25. Attendant's
OWN signature

M.D.
M.D.

Address

Caldwell Idaho

State of Idaho

County of Canyon

ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4,
above, that I am now..... years of age, that I have known this person for..... years, and that

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

....., Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1910 by Mabel H. H., Registrar.

NOV 26 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

397-106-016-791

381894

381894

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home:
Oakley Hospital
(e) Mothers stay BEFORE delivery:
In THIS county _____ years _____ months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 18 yrs.

4. FULL NAME OF CHILD NELSON TIPTON

5. Date of Birth of Child
(Month, day, year) Sep. 6, 1940

6. Sex Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME EZEKIAL TIPTON
11. Color or Race White 12. Age at time of THIS birth 45 yrs.
13. Birthplace UNICORN, TENNESSEE
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME ALICE GRAY
17. Color or Race White 18. Age at time of THIS birth 43 yrs.
19. Birthplace YANCEY, North Carolina
(City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife

State of Idaho } ss.
County of Gem

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 77 years of age, that I have known this person for 43 years, and that
E.P. Oldham, M.D., who attended this birth, is deceased, I further
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Ezekiel Tipton
Emmett, Idaho.

Subscribed and sworn to before me this 6th day of December, 1943.

(SEAL)

Notary Public, residing at Emmett Id.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

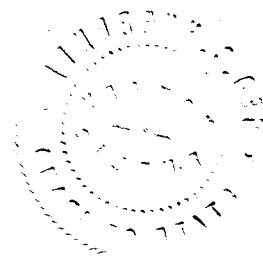
Received for filing on DEC 24 1943 by Mahd P. Elder, Registrar.

DEC 8 4 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

351-218'001-299

391896

381896

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Ada (b) City Star
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay BEFORE delivery:
In THIS county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 mo yrs.

4. FULL NAME OF CHILD

Ina Mae Leach

5. Date of Birth of Child

(Month, day, year) 11-18-10

6. Sex F.

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Robert Leach
11. Color white 12. Age at time
or Race of THIS birth 33 yrs.
13. Birthplace Mo.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Abbie Kirby
17. Color white 18. Age at time
or Race of THIS birth 34 yrs.
19. Birthplace Wash
(City or town) (State or foreign country)
20. Exact Occupation H w f.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Ada }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 66 years of age, that I have known this person for 33 years, and that
Mrs. Gaylord who attended this birth deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

William Robert Leach Signature

P. O. Address

Subscribed and sworn to before me this 23rd day of December, 1944
(SEAL) D. O. Rudin Notary Public, residing at Star
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.) My Comm. Expires 7-17-44

Received for filing on DEC 29 1943 by Mary Elder Registrar.

DEC 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



542-122-028-762

381910

United States
Department of Commerce
Bureau of the Census

DEC 4

1943

Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County <u>Kootenai</u>	(b) City <u>Bonnerr's Ferry</u>	(a) State <u>Idaho</u>	(b) County <u>Kootenai</u>
(c) Street Address or R.F.D. No.....		(c) City <u>Bonner's Ferry</u>	
(d) Name of Hospital or Maternity Home: <u>At Home</u>		(d) Street Address or R.F.D. No.....	
(e) Mothers stay BEFORE delivery: In THIS county years months days		(e) How long has MOTHER lived in Idaho? <u>17</u> yrs.	

4. FULL NAME OF CHILD <u>Austin Vern Hubble</u>		5. Date of Birth of Child (Month, day, year) <u>3-22-1910</u>	
7. Twin or Triplet		8. No. months of Pregnancy <u>9</u>	
6. Sex <u>Male</u>		9. Legitimate? <u>Yes</u>	

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Eugene Marco Hubble</u>		16. FULL MAIDEN NAME <u>Nellie Wyoma Poston</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>30</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>24</u> yrs.
13. Birthplace <u>Marion Virginia</u> (City or town) (State or foreign country)		19. Birthplace <u>Saltville Virginia</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Engineer</u>		20. Exact Occupation <u>House-wife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)

who is related as.....
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Washington Cowlitz Midwife

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4,
(Mother, etc.)

above, that I am now 39 years of age, that I have known this person for 33 years, and that

Dr. E.E. Fry who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Harley Hubble P.O. Address.....

Subscribed and sworn to before me this 2nd day of October, 1943

(SEAL) Notary Public, Notary Public, residing at Cathlamet, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 4 1943 by Registrar

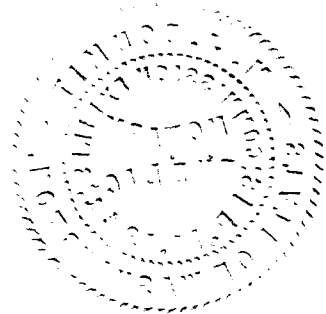
MAR 12 1970

DEC 4 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

764-101031-281

381914

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Lewis</u> (b) City <u>Nez Perce</u> (c) Street Address or R.F.D. No. <u>None - Idaho</u> (d) Name of Hospital or Maternity Home: <u>Born at Home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>7</u> <u>39</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Lewis</u> (c) City <u>Nez Perce</u> (d) Street Address or R.F.D. No. <u>None</u> (e) How long has MOTHER lived in Idaho? <u>19</u> yrs.
--	--	---

4. FULL NAME OF CHILD <u>Harold Marian Pomeroy</u>	5. Date of Birth of Child (Month, day, year) <u>May 1, 1910</u>
6. Sex <u>Male</u>	7. Twin or Triplet <u>None</u>
8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>

FATHER OF CHILD

10. FULL NAME <u>Charles William Pomeroy</u>	11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>29</u> yrs.
13. Birthplace <u>Hillsboro Oregon</u> (City or town) (State or foreign country)	14. Exact Occupation <u>Laborer</u>	15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME <u>Inez Leslie Shawley</u>	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>28</u> yrs.
19. Birthplace <u>Etna Missouri</u> (City or town) (State or foreign country)	20. Exact Occupation <u>Housewife</u>	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Oregon } ss.
County of Multnomah

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 33 years, and that

Dr. J. L. Kelly who attended this birth Is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC FOR OREGON

MY COMMISSION EXPIRES Sept. 7, 1947

Mrs. Inez Pomeroy Bitt Signature
3902 N. Alaska, Apt. 8 - Portland 3, Oregon O. Address

Subscribed and sworn to before me this 29th day of November, 19 43
(SEAL) John T. Hallow Notary Public, residing at Portland 13, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

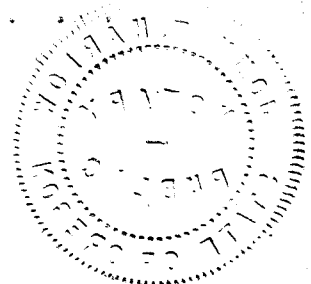
Received for filing on DEC 6 1943 by John T. Hallow Registrar.

NOV 2 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



381935

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Sugar City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Sugar City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

4. **FULL NAME OF CHILD** Alice Gaddie
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Sugar City Idaho
5. Date of Birth of Child (Month, day, year) Nov. 19-1910
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Roland B. Gaddie
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Schi Utah (City or town) (State or foreign country)
14. Exact Occupation machinist
15. Industry or Business Utah Idaho Sugar Co.

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Alice Bertie Sanders
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Farmington, Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate Solution
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 10:20 P.M. on the date Nov. 19-1943
and at the place stated above, and that personal particulars were furnished by Roland B. Gaddie
who is related as Father (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date Nov-29-43
Midwife

State of Utah } ss.
County of Weber

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4,
above, that I am now 57 years of age, that I have known this person for 33 years, and that
Dr. James R. Schupe who attended this birth deceased I further
(first name) (Last name) (Is now deceased or (Cannot be located))
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Roland B. Gaddie Signature
2555 Jefferson, Ogden, Utah P.O. Address

My Commission Expires Jan. 14, 1947

Subscribed and sworn to before me this 29 day of November, 1943.

(SEAL)

H. R. Blood Notary Public, residing at Ogden, Utah

Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

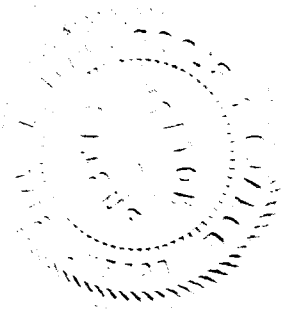
Received for filing on DEC 6 1943 by John H. Hader Registrar.

DEC 8 1911

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

669-2370-035-692

381955

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Taplin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 5 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Taplin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Five yrs.
3. **RESIDENCE OF FATHER** (city, state) Taplin, Idaho

4. **FULL NAME OF CHILD** Maxine June Forrester-
5. Date of Birth of Child
(Month, day, year) June 30th 1910

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Abner C. Forrester
11. Color or Race White 12. Age at time of THIS birth 53 yrs.
13. Birthplace Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Stella Evangeline Fiske
17. Color or Race White 18. Age at time of THIS birth 42 yrs.
19. Birthplace New York
(City or town) (State or foreign country)
20. Exact Occupation Artist
21. Industry or Business Artist

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Four
23. Number of children of this mother: (a) At time of birth and including this child Four (b) Born alive and now living Four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at daytime M. on the date Nov. 3, 1943 and at the place stated above, and that personal particulars were furnished by Golden Forrester Lesamiz who is related as sister (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature Golden Forrester Lesamiz M.D. Address Oroville, Washington Date Nov. 3, 1943
State of Washington County of Oroville ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now forty four years of age, that I have known this person for thirty three years, and that forty four who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (If now deceased) or (Cannot be located)
Golden Forrester Lesamiz Signature
Oroville, Wash. P. O. Address
Subscribed and sworn to before me this 29 day of Nov, 1943
(SEAL) Notary Public Notary Public, residing at Tonawanda
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

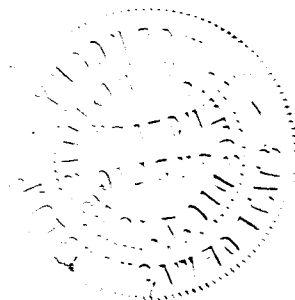
Received for filing on DEC 6 1943 by Mabel H. Elder Registrar.

DEC 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



1493.127.028-291

(Be sure the information is as of date of birth of THIS child.)

382016

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Rootenai</u> (b) City <u>Cougar Gulch</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county <u>5</u> years <u>1</u> months <u>9</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Rootenai</u> (c) City <u>Cougar Gulch</u> (on homestead) (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>5</u> yrs. <u>1</u> mo. <u>9</u> days	
4. FULL NAME OF CHILD <u>Charles Keith Miller</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		3. RESIDENCE OF FATHER (city, state) <u>Cougar Gulch, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Dec. 27, 1910</u>	
6. Sex _____		8. No. months of Pregnancy _____ 9. Legitimate? _____	
FATHER OF CHILD 10. FULL NAME <u>Charles Edward Miller</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>28</u> yrs. 13. Birthplace <u>Cairo, Ills.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Mill worker</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Florence Mabel Braly</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>29</u> yrs. 19. Birthplace <u>Hallowell, Maine</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
 23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)
 25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____ Midwife _____

AFFIDAVIT

State of _____ } ss.
 County of _____ }
 I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for life years, and that I am Sweeney who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
 Subscribed and sworn to before me this 2nd day of December, 1943.
 (SEAL) _____, Notary Public, residing at Hallowell, Maine.
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

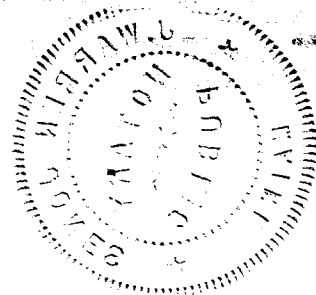
Received for filing on DEC 7 1943 by Mabel F. Feltus Registrar.

DEC 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 382040
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Benewah (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Farm
Home 4 miles East of Salmon, Idaho
(e) Mother's stay BEFORE delivery:
IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Benewah
(c) City Salmon
(d) Street Address or R.F.D. No. Home
(e) How long has MOTHER lived in Idaho? 10 yrs.

4. FULL NAME
OF CHILD

Mary Ruth Crook

6. Sex

Female

7. Twin or
Triplet

single

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9 12 1910

9. Legitimate? yes

FATHER OF CHILD

10. FULL
NAME

Joseph Edward Crook

11. Color
or Race

white

12. Age at time
of THIS birth

4.3 yrs.

13. Birthplace

Waterloo, Ill.

(City or town)

(State or foreign country)

14. Exact
Occupation

Farmer and stock

15. Industry or
Business

MOTHER OF CHILD

16. FULL MAIDEN
NAME

Mary J. Smith

17. Color
or Race

white

18. Age at time
of THIS birth

3.4 yrs.

19. Birthplace

Beth Page, Ind.

(City or town)

(State or foreign country)

20. Exact
Occupation

House wife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 7 P.M. on the date 7 of December 1943 (Born alive stillborn)

and at the place stated above, and that personal particulars were furnished by Joseph E. Crook, who is related to this child as Father (First name) (Last name)

25. Attendant's
OWN signature

Deceased

M.D. X
Midwife

Address

Salmon

Date Idaho

State of Washington County of Shannon ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 7.6 years of age, that I have known this person for thirty years, and that Mr. J. Whitwell who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 7 day of December, 1943

(SEAL)

Joseph Edward Crook Signature
Ray W. John P. O. Address
Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 13 1943 by Registrar

DEC 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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858-124-022-318

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **382049**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County Freemont (b) City Rudy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mothers stay **BEFORE** delivery:
In **THIS** county nine years 11 months six days

4. **FULL NAME OF CHILD** John Cecil Heyrend

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. **FULL NAME** Thomas William Heyrend

11. Color or Race white 12. Age at time of THIS birth 32 yrs.

13. Birthplace Providence Utah
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Freemont
(c) City Rudy
(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? nine yrs.

3. **RESIDENCE OF FATHER** (city, state) Rudy Idaho

5. Date of Birth of Child
(Month, day, year) Aug. 24, 1910

8. No. months of Pregnancy nine 9. Legitimate? yes

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Archie Eliza Taylor

17. Color or Race white 18. Age at time of THIS birth 23 yrs.

19. Birthplace Spanish Fork Utah
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum boric acid

23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living six

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11:45 o'clock M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Archie Heyrend

who is related as Mother (First name) (Last name)

(Mother, etc.)

25. Attendant's **OWN** signature Mrs. Josephine Newman M.D. Address Rt. 1 Idaho Date 2 Dec 1943

State of County of ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, (Mother, etc.)

above, that I am now years of age, that I have known this person for years, and that

....., who attended this birth. I further

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this day of, 19.....

(SEAL)

....., Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 1 - 1943 by Mabel Helger, Registrar.

DEC 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **382073**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **Bingham** (b) City **Shelley**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **Cutler Hospital**
(e) Mothers stay **BEFORE** delivery:
In **THIS** county **24** years **01**^e months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **Idaho** (b) County **Bingham**
(c) City **Shelley**
(d) Street Address or R.F.D. No. **R. F. D. 2**
(e) How long has **MOTHER** lived in Idaho? **24** yrs.

3. **RESIDENCE OF FATHER** (city, state) **same**

4. **FULL NAME OF CHILD** **Eldre Just Reid**
5. Date of Birth of Child **10-7-1910**
(Month, day, year)

6. Sex **male** 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy **nine** 9. Legitimate? **yes.**

FATHER OF CHILD
10. **FULL NAME** **Robert Ezekiel Reid**
11. Color **white** 12. Age at time of THIS birth **26** yrs.
or Race **Arime** **Idaho**
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation **Farmer and Stock raiser**
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** **Agnes Katherine Just**
17. Color **white** 18. Age at time of THIS birth **24** yrs.
or Race **Ranch** **Idaho.**
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation **Farmer's wife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. **Applied 10/9**
23. Number of children of this mother: (a) At time of birth and including this child **one** (b) Born alive and now living **one**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **alive** at **7:30 A** M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by **Agnes Reid**
(First name) (Last name)

who is related as **Mother**
(Mother, etc.)

25. Attendant's **OWN** signature **Edwin Cutler** M.D. Address **Shelley, Idaho.** Date **12-11-43**

State of } ss. **AFFIDAVIT**
County of (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now years of age, that I have known this person for years, and that
....., who attended this birth. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this day of, 19.....

(SEAL), Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **DEC 18 1943** by **Marj P. Elder**, Registrar.

DEC 2 1 1930

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, ~~has not been recorded~~, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

268 126 010-793

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **383108**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County Bonneville (b) City 2 Idaho Falls
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home:
Neither - In home.
(e) Mothers stay **BEFORE** delivery: Seven years Six months Six days
In **THIS** county Four years

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Bonneville
(c) City 2 Idaho Falls
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

4. **FULL NAME OF CHILD**

Clayton William Boyd

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy - 9

9. Legitimate? Yes

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Idaho

5. Date of Birth of Child
(Month, day, year) Nov. 26, 1910

10. **FATHER OF CHILD**

10. **FULL NAME** William Arthur Boyd
11. Color or Race White 12. Age at time of THIS birth 40 yrs.
13. Birthplace La Roy - Minn.
(City or town) (State or foreign country)
14. Exact Occupation Electrician & mechanic
15. Industry or Business

16. **MOTHER OF CHILD**

16. **FULL MAIDEN NAME** Elsie Mildred Gill
17. Color or Race White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Wentworth South Dakota
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Teacher previous to marriage.

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho } ss.
County of 2 Twin Falls

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now sixty-three years of age, that I have known this person for thirty-three years, and that
S. S. Geller M.D. who attended this birth
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws. Elsie Mildred Gill Boyd Signature
Kimberly Idaho P.O. Address

Subscribed and sworn to before me this 7 day of December, 1943

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 24 1943 by Mabel A. W. Anderson Registrar.

JUN 30 1970

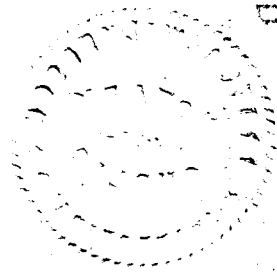
DEC 8 8 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED
BOT H



Dup of 1910-1989

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

245 711 004 245
United States

Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **383115**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Bern
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: At home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 27 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Bern
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bern, Idaho.

4. **FULL NAME OF CHILD** Nora Nellie Kunz,
5. Date of Birth of Child 12/11/1910/
(Month, day, year)
6. Sex White 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes/

FATHER OF CHILD
10. **FULL NAME** David J. Kunz
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Bern, Idaho.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Emma C. Kunz.
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Montpelier, Idaho.
(City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 60 years of age, that I have known this person for all her life years, and that
Dr. Geo. F. Ashley is now deceased.
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Emma C. Kunz Signature
Bern Idaho P. O. Address

Subscribed and sworn to before me this 18th day of December, 1943.

(SEAL)

Chas E. Ashley Notary Public, residing at Montpelier, Ida

Received for filing on DEC 24 1943 by Mabel Helder Registrar.

DEC 28 1948

NO. 1. 1. 1. 1. 1. 1.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-21-125-462

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **383124**
Local Reg. No. **10**
Reg. Dist. No. **10**

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **Idaho** (b) City **Grangeville**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **XX**
(e) Mother's stay **BEFORE** delivery:
IN THIS county **11** years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **Idaho** (b) County **Idaho**
(c) City **Grangeville**
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in **Idaho**? Life yrs.
3. **RESIDENCE OF FATHER** (city, state) **Grangeville, Id.**

4. **FULL NAME OF CHILD** **Betty Jane Yates**
6. Sex **Female** 7. Twin or Triplet **X** If so—born 1st, 2nd, 3rd **X**
8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

5. Date of Birth of Child
(Month, day, year) **Feb. 14, 1910**

FATHER OF CHILD
10. **FULL NAME** **Wm. J. Yates**
11. Color or Race **White** 12. Age at time of THIS birth **39** yrs.
13. Birthplace **Lookinglass, Oregon**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business **to stab ev. to end of 1911 to 1920 ni X 1921 need to**

MOTHER OF CHILD
16. **FULL MAIDEN NAME** **Grace Rose**
17. Color or Race **White** 18. Age at time of THIS birth **X** yrs.
19. Birthplace **?**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business **Business 1911 X**

22. Name prophylactic used to prevent Opium or Morphinism **None**
23. Number of children of this mother: **1** At time of birth and including this child **1** (b) Born alive and now living **1**

24. I HEREBY CERTIFY That I attended the birth of this child, who was a **born alive** M. on the date **Feb. 14, 1910** and at the place stated above, and the personal particulars were furnished by **Grace Yates**, who is related to this child as **Mother** (First name) (Last name)

25. Attendant's **OWN** signature **Sarah Yates** Midwife Address **Vashon, Wash.** Date **11-17-41**
State of **X** County of **X** {ss. **ss.**

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **X** of the person whose name appears in Item 4, above, that I am now **X** years of age, that I have known this person for **X** years, and that **X**, who attended this birth, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this **17** day of **November**, 19**41**.
(SEAL) **Notary Public**, residing at **Grangeville, Ida.**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **DEC 28 1941** by **John H. Elder**, Registrar.

1987-1988
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DELAYED REGISTRATION

(1987 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1989 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the office of Vital Statistics, within a reasonable time prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, affidavits of the father, mother, or the child, or if neither father nor mother of the child is living or accessible, of the nearest relative or guardian, or some person having direct knowledge in the family.

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

415-220 039 792

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 30 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

383470

State File No.....

Local Reg. No.....

Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County..... Power (b) City..... Arbon
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home..... days.
In **THIS** county..... years..... months..... days.
2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State..... Idaho (b) County..... Bannock
(c) City..... Pocatello
(d) ~~Street Address or~~ R.F.D. No..... 1
(e) How long has **MOTHER** lived in Idaho?..... 60 yrs.
(f) Mother's mailing address..... R.F.D. #1 Pocatello
3. **RESIDENCE OF FATHER** (city, state)..... Same

4. **FULL NAME OF CHILD**..... Elizabeth Pearl Davis
5. Date of Birth..... May 20, 1910
(Month, day, year).....
6. Sex..... Female 7. Twin or Triplet..... No If so—born 1st, 2nd, 3rd.....
8. No. months of Pregnancy..... 9 9. Legitimate?..... Yes

- FATHER OF CHILD**
10. **FULL NAME**..... Edward Henry Davis
11. Color..... American 12. Age at time of THIS birth..... 37 yrs.
or Race..... White
13. Birthplace..... Samaria, Oneida County, Idaho
(City or town) (State or foreign country)
14. Exact Occupation..... Farmer & Cattleman
15. Industry or Business.....
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME**..... Esther Rebecca Arbon
17. Color..... American 18. Age at time of THIS birth..... 37 years
or Race.....
19. Birthplace..... Snowville, Utah
(City or town) (State or foreign country)
20. Exact Occupation..... Housewife
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... 6 (b) Born alive and now living..... 6
(c) Born alive and now dead..... None (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... born alive at..... 4 A...... M. on the date.....
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by..... Esther Rebecca Davis....., who is related to this child as..... Mother.....
(Mother, etc.) (First name) (Last name)

26. (a)..... JAN 4 1944 (b)..... Mal H. Edin
(Date received) (Registrar's signature)
25. Attendant's **OWN signature**..... M.D. or.....
(D.O., Midwife, etc.)
27. Given name added on..... by.....
(Registrar's signature) and address..... Date.....

State of..... Idaho } ss.
County of..... Bannock

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Esther Rebecca Davis....., being first duly sworn, say that I am..... related to.....
(Related to (or) acquainted with)
Elizabeth Pearl Davis..... as..... Mother....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... Catherine Gibbons, Midwife..... who attended said birth..... cannot be located..... and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located) (Name of attendant at birth)

x Esther Rebecca Davis..... Name
..... R. F. D. # 1, Pocatello, Idaho..... P. O. Address

Subscribed and sworn to before me on this..... 16th..... day of..... December....., 1940.

(SEAL)

J. M. Quillen..... Notary Public, residing at Pocatello, Idaho
My Commission Expires: June 20, 1944.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

155131 001 259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

383 223 383223

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>N. 19th & Bella</u> (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: <u>Home</u> In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>N. 19th & Bella</u> (e) How long has MOTHER lived in Idaho? <u>41</u> yrs.	
4. FULL NAME OF CHILD <u>Earl Abraham Jensen</u>		5. Date of Birth of Child <u>August 31, 1910</u> (Month, day, year)	
6. Sex <u>Male</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9 Mos 9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Allen Edgar Jensen</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>35</u> yrs. 13. Birthplace <u>Spring Valley, Idaho</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Stock man</u> 15. Industry or Business <u>Stock</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mamie Ethel Berry</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>35</u> yrs. 19. Birthplace <u>Des Moines, Iowa</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House-wife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's OWN signature Mrs. Jessie Kearns M.D. _____ Address 1409 N 22nd St Boise Idaho Date Jan 25 1944
Midwife _____

State of _____ } ss. **AFFIDAVIT** Jan 25 1944
County of _____ }
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth _____ I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____.

(SEAL)

_____, Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by _____, Registrar.

JAN 25 1944

Mabel Elder

JUN 13 1972
JUL 27 1972

JAN 26 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

235-227 (135 557)

383229

383229

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Pannack (b) City Pocatello, Idaho
(c) Street Address or R.F.D. No. 170 So. 9th Ave.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay BEFORE delivery:
IN THIS county 5 years 1 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Pannack
(c) City Pocatello
(d) Street Address or R.F.D. No. 170 So. 9th Ave.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Pocatello, Idaho

4. FULL NAME OF CHILD

Alma Viola Stedtfeld

5. Date of Birth of Child

(Month, day, year) June 27, 1910

6. Sex Female 7. Twin or Triplet No

If so—Born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frederick Henry Stedtfeld
11. Color White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Indianapolis, Indiana
(city or town) (state or foreign country)
14. Exact Occupation Restaurant Proprietor
15. Industry or Business Restaurant

MOTHER OF CHILD

16. FULL MAIDEN NAME Pauline Elvada Evans
17. Color White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Asker, Norway
(city or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by, who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Idaho M.D. Idaho Address Idaho Date Idaho
Midwife Address Date

State of Idaho County of Pannack } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 34 years, and that Miss Martha Seaddon who attended this birth is now deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws

My Commission expires April 5, 1947
Public of Idaho

Subscribed and sworn to before me this 20 day of January, 1944
Jared H. Sullivan Notary Public, residing at Pocatello, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1944 by Mabel Elder Registrar.

1941 9 8 NW

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

509 211 029 291

United States

Department of Commerce

Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

383731

State File No.

Local Reg. No.

Reg. Dist. No.

383231

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City Troy,

(c) Street Address or R.F.D. No. Two

(d) Name of Hospital or Maternity Home:
at home

(e) Mothers stay BEFORE delivery:
In THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah

(c) City Troy,

(d) Street Address or R.F.D. No. 2

(e) How long has MOTHER lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Troy, Idaho

4. FULL NAME OF CHILD EDITH LILLIAN NOREN

5. Date of Birth of Child
(Month, day, year) DEC. 11th 1910

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME JOHN NOREN

11. Color or Race White 12. Age at time of THIS birth 34 yrs.

13. Birthplace Sweden
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business same

MOTHER OF CHILD

16. FULL MAIDEN NAME HANNAH V. BRANTING

17. Color or Race WHITE 18. Age at time of THIS birth 23 yrs.

19. Birthplace SWEDEN
(City or town) (State or foreign country)

20. Exact Occupation HHousewife

21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by (First name) (Last name)
who is related as (Mother, etc.)

25. Attendant's signature OWN M.D. Address Date
Midwife

State of Idaho } ss.
County of Latah

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
above, that I am now 58 years of age, that I have known this person for all her life years, and that
(Mother, etc.)

Mrs Fred Johnson who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Hannah Noren Sampson Signature

Troy, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of January, 1944

(SEAL)

 Notary Public, residing at Troy, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1944 by Mary Helder Registrar.

MAR 10 1976

JAN 20 1944

OFFICE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED



296 129028-719

383340

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 15 1943

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at home

(e) Mothers stay BEFORE delivery:

In THIS county years 28 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 26 yrs.

4. FULL NAME OF CHILD

Alfred Walter Browne

5. Date of Birth of Child

(Month, day, year) May 29, 1910

6. Sex

male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 99. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

John Story Browne

11. Color or Race

white

12. Age at time

of THIS birth 30 yrs.

13. Birthplace

Belfast

(City or town)

Island

(State or foreign country)

14. Exact Occupation

Lumber man

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Alice Amanda Garrello

17. Color or Race

white

18. Age at time

of THIS birth 28 yrs.

19. Birthplace

Manning

(City or town)

Iowa

(State or foreign country)

20. Exact Occupation

House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum no23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 11 P. M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by

who is related as

(Mother, etc.)

25. Attendant's OWN signature

M.D. Address
Midwife

Date

State of Oregon
County of Yamhill

ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 33 years, and thatAlfred Walter

(First name)

Brown

(Last name)

, who attended this birth cannot be located I further

(Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John S. Browne

Signature

Rt. 2, Newberg, Oregon

P. O. Address

Subscribed and sworn to before me this 13th day of January, 1944

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My comm. expires May 2, 45.Received for filing on JAN 17 1944 by Malcolm Elder Registrar.Newberg, Ore.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

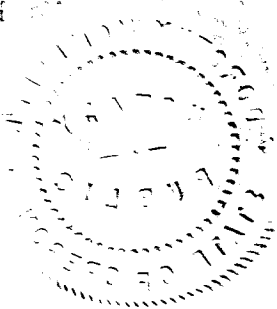
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JAN 20 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

215-215022165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

383342

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Treasure Co. (b) City Victor
(c) Street Address or R.F.D. No. General Del.
(d) Name of Hospital or Maternity Home: at own home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 21 years 2 months 5 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Treasure
(c) City Victor
(d) Street Address or R.F.D. No. Gen Del
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
3. **RESIDENCE OF FATHER** (city, state) Part-away

4. **FULL NAME OF CHILD** Jean Hansen
5. Date of Birth of Child
(Month, day, year) May 15 - 1910

6. Sex Female 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd ✓
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD **MOTHER OF CHILD**

10. **FULL NAME** Parley Parker Hansen
11. Color white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Utah - Carbon
(City or town) (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business Business
16. **FULL MAIDEN NAME** Martha Louise Jones
17. Color White 18. Age at time of THIS birth 26 yrs.
19. Birthplace St Johns Arizona
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
who is related as..... (First name) (Last name)
Lezzie Curtis midwife now
(Mother, etc.)
25. Attendant's **OWN** signature..... M.D. Address Deceased Date.....
Midwife

- State of California } ss.
County of Alameda

AFFIDAVIT

- (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 33 years & 8 mos years of age, that I have known this person for since birth years, and that
Martha Louise Hansen Lezzie Curtis, who attended this birth dead. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

- Martha Louise Hansen Signature
1463 - 74 Ave Oakland Calif P. O. Address
Subscribed and sworn to before me this 11th day of January, 1944.
(SEAL) Lorina Throughton Notary Public, residing at 2033 - 73d Ave
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

- Received for filing on JAN 17 1944 by Mabel Hedder, Registrar.

JAN 20 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, fifty cents, fifty cents, order or coin.

649-211 006 435
United States
Department of Commerce
Bureau of the Census
JAN 17 1944

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383383
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth)
(a) County Butt County (b) City Blackfoot
(c) Street Address or R.F.D. No. Scotch
(d) Name of Hospital or Maternity Home: Our Home
(e) Mothers stay BEFORE delivery: some
In THIS county years months days
2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Butt County
(c) City Blackfoot Bingham
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho 22 yrs.
3. RESIDENCE OF FATHER (city, state) Blackfoot Idaho

4. FULL NAME OF CHILD Clairissa Helen Furniss
5. Date of Birth of Child: (Month, day, year) 11-11-1910
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD
10. FULL NAME Fred Samuel Furniss
11. Color or Race white 12. Age at time of THIS birth 20 yrs.
13. Birthplace not known
(City or town) (State or foreign country)
14. Exact Occupation Farmers
15. Industry or Business
- MOTHER OF CHILD
16. FULL MAIDEN NAME Clairissa McNeal
17. Color or Race white 18. Age at time of THIS birth 16 yrs.
19. Birthplace Salina Utah
(City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife Mary Hatch deceased

- State of Washington ss.
County of Cowlitz

- I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
above, that I am now 49 years of age, that I have known this person for 33 years, and that
(Mother, etc.)

- H. Davis midwife Mary Hatch who attended this birth. deceased
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

- Subscribed and sworn to before me this 13th day of January 1944
(SEAL) Emelyne M. Wells Notary Public, residing at Longview Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

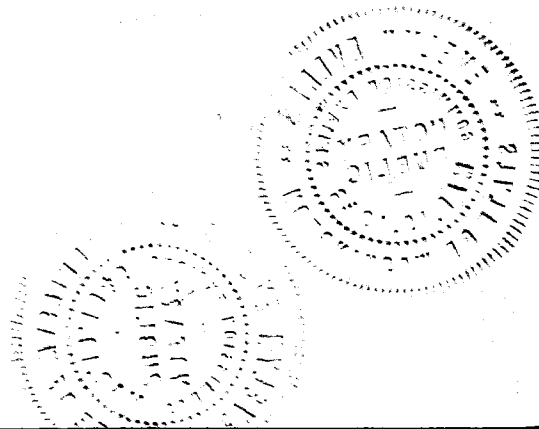
- Received for filing on JAN 19 1944 by Mabel H. Elder Registrar.

FEB 3 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



546108014-219

384489

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery: about 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.....
X (e) How long has **MOTHER** lived in Idaho? about 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa Idaho
5. Date of Birth of Child (Month, day, year) Dec. 8. 1910
6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Ellis Edwards
11. Color or Race white 12. Age at time of THIS birth 27 yrs.
X 13. Birthplace Manchester England (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Audrey Ella Bernard
17. Color or Race white 18. Age at time of THIS birth 21 yrs.
X 19. Birthplace Bountiful Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2d argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at Ellis Edwards M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Ellis Edwards who is related as Father (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature J.H. Murray M.D. Michael Address Nampa Ida. Date Dec 14 1944

State of Idaho ss. J.H. Murray
County of Idaho

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth, _____ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____.

(SEAL)

_____, Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1944 by Maude Elder, Registrar.

JAN 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date~~, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

551 210028 819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **384517**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **Kootenai** (b) City **Harrison**
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: **Harrison Idaho**
(e) Mothers stay BEFORE delivery:
In THIS county **year** years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **Idaho** (b) County **Kootenai**
(c) City **Medimont**
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? **30** yrs.

3. **RESIDENCE OF FATHER** (city, state) **Medimont-Idaho**
5. Date of Birth of Child **Feb 10 1940**
(Month, day, year)

6. Sex **Female** 7. Twin or Triplet **no** If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD
10. FULL NAME **Thomas Loua**
11. Color or Race **white** 12. Age at time of THIS birth **43** yrs.
13. Birthplace **Camborne England**
(City or town) (State or foreign country)
14. Exact Occupation **farmer**
15. Industry or Business _____

MOTHER OF CHILD
16. FULL NAME **Bessie Harris**
17. Color or Race **white** 18. Age at time of THIS birth **34** yrs.
19. Birthplace **Camborne England**
(City or town) (State or foreign country)
20. Exact Occupation **housewife**
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child **5** (b) Born alive and now living **yes**

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ who is related as _____ (Mother, etc.)
(Born alive, stillborn)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of **WASHINGTON** ss.
County of **SPOKANE**

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the **FATHER** of the person whose name appears in Item 4, above, that I am now **76** years of age, that I have known this person for **33 1/2** years, and that **DR. BRISBEE** who attended this birth **DECEASED** I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session laws.
(First name) (Last name) (If now deceased) or (Cannot be located)

Thomas Loua Signature
MEDIMONT, IDAHO P. O. Address
October 25 19**40**
Clyde Pull Notary Public, residing at **Spokane, Wash.**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **FEB 1 1944** by **Mabel Helder** Registrar.

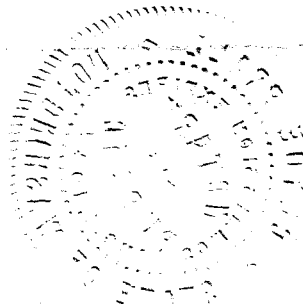
FEB 2 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 1)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1936
59



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

867-121025-454

38457

384557

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho Pollock (b) City Pollock
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 5 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Pollock
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

4. **FULL NAME OF CHILD** Earl Leifford Horie
7. Twin or Triplet
6. Sex male If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Pollock Idaho
5. Date of Birth of Child
(Month, day, year) December 21 1910
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD
10. **FULL NAME** Leifford Horie
11. Color or Race white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Hollenberg Kansas
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Lizzie Bredia Dempsey
17. Color or Race white 18. Age at time of THIS birth 27 yrs.
19. Birthplace Hastings Minnesota
(City or town) (State or foreign country)
20. Exact Occupation House Keeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

AFFIDAVIT

State of } ss.
County of
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 60 years of age, that I have known this person for 33 years, and that
Mrs Frank Kiska who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Mrs W. F. Parks Signature
New Meadows Idaho P. O. Address

Subscribed and sworn to before me this 23 day of February, 19 44
(SEAL) Pauline Dearbrose Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 23 1944 by Mabel F. Elder Registrar.

FEB 24 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

795-204004-243

384558 384558

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: at our home
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 35 yrs.

4. FULL NAME OF CHILD Laura Clarissa Greene

5. Date of Birth of Child
(Month, day, year) Dec 4, 1910

6. Sex _____ 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Guy Hartley Greene
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Gron (City or town) Sw. (State or foreign country)
14. Exact Occupation Pharmacist
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Melvina Sullivan
17. Color or Race White 18. Age at time of THIS birth 41 yrs.
19. Birthplace Panguon (City or town) Utah (State or foreign country)
20. Exact Occupation Teacher
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Ashley at 5:15 P.M. on the date _____
(Born alive, stillborn) _____
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of Idaho ss. _____
County of Bannock _____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt of the person whose name appears in Item 4,
above, that I am now 57 years of age, that I have known this person for 33+ years, and that
(?) Dr Ashley who attended this birth Is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Mrs Caroline S. Merriam Signature
Grace Idaho P. O. Address

Subscribed and sworn to before me this 21st day of February, 1944

(SEAL) _____, Notary Public, residing at Grace Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by Mary Helder Registrar.

FEB 24 1944

FEB 24 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)
CERTIFICATE OF BIRTH
STATE OF IDAHO

384582
State File No. 384582
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County CANYON (b) City New Plymouth
(c) Street Address or R.F.D. No. ✓
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County CANYON
(c) City NEW PLYMOUTH
(d) Street Address or R.F.D. No. ✓
(e) How long has **MOTHER** lived in Idaho? TWO yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** STANLEY MAXFIELD DAY

5. Date of Birth of Child (Month, day, year) JULY-31-1910

6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy TEN 9. Legitimate? YES

FATHER OF CHILD
10. **FULL NAME** Edw Wm. MAXFIELD DAY
11. Color or Race WHITE 12. Age at time of THIS birth 35 yrs.
13. Birthplace TUNBRIDGE WELLS, ENG.
(City or town) (State or foreign country)
14. Exact Occupation SALES MAN
15. Industry or Business REAL ESTATE AGT.

MOTHER OF CHILD
16. **FULL MAIDEN NAME** VALERIA OLIVIA SMITH
17. Color or Race WHITE 18. Age at time of THIS birth 22 yrs.
19. Birthplace LITCHFIELD NEBRASKA
(City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)
25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 33 years, and that DRYS DALE, who attended this birth, _____ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
Valeria O. Day _____ X Signature
Ada Co. Hospital, Boise, Idaho _____ P. O. Address
Subscribed and sworn to before me this 2 day of March, 1944.
(SEAL) _____ Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code, Annotated.)
Received for filing on _____ by Mabel Holder Registrar.

MAR 11 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **384594**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
None
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

4. FULL NAME OF CHILD

Gatha Norris

5. Date of Birth of Child
(Month, day, year) Dec. 22, 1910.

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Norris
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Draper, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nettie Orgill
17. Color or Race White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Draper, Utah
(City or town) (State or foreign country)
20. Exact Occupation Wife and Mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at Nettie O. Norris M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Nettie O. Norris
(First name) (Last name)
who is related as Mother
(Mother, etc.)

25. Attendant's OWN signature Lovisa G. Davis MX Address St. Anthony, Idaho, RFD #2 Date Jan. 18, 1944.
Midwife

State of Idaho ss.
County of Fremont

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now fifty-three years of age, that I have known this person for thirty-three years, and that
Lovisa G. Davis, mid-wife who attended this birth is now living I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Nettie O. Norris

Signature

Parker, Idaho

P. O. Address

Subscribed and sworn to before me this 27 day of January, 1944

(SEAL)

Notary Public, residing at St. Anthony

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1944 by Mabel H. Elden, Registrar.

MAY 10 1971

AUG 24 1972

FEB 4 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record in the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
 (a) County Ada (b) City Boise
 (c) Street Address or R.F.D. No. N. 25th St.
 (d) Name of Hospital or Maternity Home: St. Alphonsus Hospital
 (e) Mothers stay **BEFORE** delivery:
 In **THIS** county 4 years - months - days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 (a) State Idaho (b) County Ada
 (c) City Boise
 (d) Street Address or R.F.D. No. N. 25th St.
 (e) How long has **MOTHER** lived in Idaho? 4 yrs.
3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Sally Mary Josephine Farber
 5. Date of Birth of Child (Month, day, year) June 14, 1910
 6. Sex Female 7. 7 years If so—born 8. No. months of Pregnancy 9 9. Legitimate? Yes
 1st, 2nd, 3rd

- FATHER OF CHILD**
 10. **FULL NAME** Sylvester Emil Farber
 11. Color White 12. Age at time of THIS birth 33 yrs.
 13. Birthplace Mt. Clemons Michigan (City or town) (State or foreign country)
 14. Exact Occupation Fitter
 15. Industry or Business Gas Company
- MOTHER OF CHILD**
 16. **FULL MAIDEN NAME** Rose Claire Alt
 17. Color White 18. Age at time of THIS birth 35 yrs.
 19. Birthplace Detroit Michigan (City or town) (State or foreign country)
 20. Exact Occupation Housewife
 21. Industry or Business - -

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
 23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by.....
 (First name) (Last name)
 who is related as.....
 (Mother, etc.)
25. Attendant's OWN signature M.D. Address Date
 Midwife

State of Oregon } ss.
 County of Multnomah

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
 above, that I am now Sixty-Nine years of age, that I have known this person for 33½ years, and that
Dr. Taylor who attended this birth Cannot be located I further
 (First name) (Last name) (Is now deceased) or (Cannot be located)
 state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
 1937 Session Laws.

Mrs. Rose Claire Alt Farber Signature
Rte. 1 Box 262, Beaverton, Oregon P.O. Address

Subscribed and sworn to before me this 25th day of January, 1944.

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-91, Idaho Code Annotated.)

Received for filing on FEB 4 1944 by Mary F. L. L. Registrar.

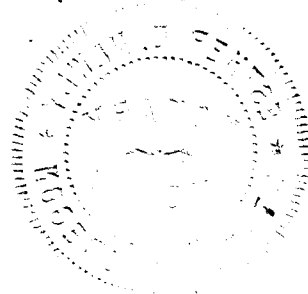
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

869-115004239

384612

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No. General Del.
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? _____ yrs.
3. **RESIDENCE OF FATHER** (city, state) Montpelier
4. **FULL NAME OF CHILD** Frank Stoodruff Horsley
5. Date of Birth of Child _____
(Month, day, year) Jan. 15, 1910
6. Sex Male 7. Twin or Triplet no If so—born _____
1st, 2nd, 3rd 8. No. months of Pregnancy _____ 9. Legitimate? _____

- FATHER OF CHILD**
10. **FULL NAME** William Horsley
11. Color or Race white 12. Age at time of THIS birth _____ yrs.
13. Birthplace Tempe, Normington, England
(City or town) (State or foreign country)
14. Exact Occupation _____
15. Industry or Business _____
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Jane Straw
17. Color or Race white 18. Age at time of THIS birth _____ yrs.
19. Birthplace Langley Mill, England
(City or town) (State or foreign country)
20. Exact Occupation _____
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)
25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

AFFIDAVIT

- State of Calif. } ss.
County of Alameda }
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4,
above, that I am now 50 years of age, that I have known this person for 33 years, and that
Mary Jane Horsley who attended this birth. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.
Francis A. Watson Signature
San Leandro Calif. P. O. Address
Subscribed and sworn to before me this 2nd day of Dec, 1943
(SEAL) Notary Public, residing at San Leandro Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

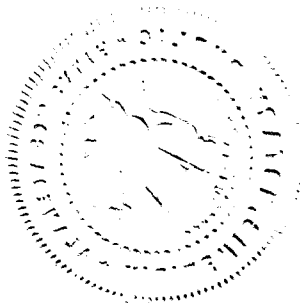
Received for filing on FEB 4 1944 by Mary J. H. H. Registrar.

FEB 4 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

279-125-035 419

384636

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **Nezperce** (b) City **Gifford**
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **Idaho** (b) County **Idaho**
(c) City **Kamiah**
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? **35** **45** yrs.

4. **FULL NAME OF CHILD** **Milo Elra Spivy**
7. Twin or Triplet
6. Sex **Male** If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) **Kamiah Idaho**
5. Date of Birth of Child (Month, day, year) **3/25/1910**
8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD
10. **FULL NAME** **Elra Spivy**
11. Color or Race **White** 12. Age at time of THIS birth **45** yrs.
13. Birthplace **Pike County Missouri**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** **Elsie Marlatte**
17. Color or Race **White** 18. Age at time of THIS birth **31** yrs.
19. Birthplace **Dayton Washington**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child **4** (b) Born alive and now living **4**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of **Idaho** } ss.
County of **Idaho**

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4, above, that I am now **63** years of age, that I have known this person for **33** years, and that **J. J. Harrington** who attended this birth **Deceased** I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
(First name) (Last name) (Is now deceased) or (Cannot be located)

Mrs. Elsie Spivy Signature
Kamiah Idaho P. O. Address

Subscribed and sworn to before me this **4th** day of **February**, 19 **44**.
(SEAL) *F. F. Cleveland* Notary Public, residing at **Cooskia Idaho**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **FEB 8 1944** by *Milo Elra Spivy* Registrar.

FEB 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

399 220 03 2:795

384639

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>LEWIS</u> (b) City <u>NEPERCE</u> (c) Street Address or R.F.D. No. <u>—</u> (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>2</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>—</u> (b) County <u>—</u> (c) City <u>—</u> (d) Street Address or R.F.D. No. <u>—</u> (e) How long has MOTHER lived in Idaho? <u>—</u> yrs.	
4. FULL NAME OF CHILD <u>ANNA LAURAE TRIPLETT</u>		5. Date of Birth of Child (Month, day, year) <u>July 20, 1910</u>	
6. Sex <u>Girl</u> 7. Twin or Triplet <u>Triplet</u> 8. No. months of Pregnancy <u>—</u> 9. Legitimate? <u>yes</u>		3. RESIDENCE OF FATHER (city, state) <u>—</u>	
FATHER OF CHILD 10. FULL NAME <u>John Harvey Triplett</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>38</u> yrs. 13. Birthplace <u>LITTLE ROCK Ark.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>—</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Rosy Grace Greenwood</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>25</u> yrs. 19. Birthplace <u>—</u> (City or town) (State or foreign country) <u>Missouri</u> 20. Exact Occupation <u>House wife</u> 21. Industry or Business <u>—</u>	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Clearwater

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 32 years, and that who attended this birth. I further state that (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Harvey Triplett Signature
Perce Idaho. P. O. Address

Subscribed and sworn to before me this 14 day of Nov

(SEAL) L. Osenton Notary Public, residing at Perce Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mabel F. Linder Registrar.

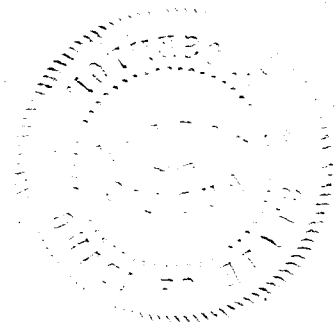
FEB 8 1941

FEB 9 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



319 111 003 396

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **384643**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 444 So. 3rd Ave
(d) Name of Hospital or Maternity Home: Pocatello General Hospital
(e) Mothers stay BEFORE delivery:
In THIS county 3 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 444 - So. 3rd Ave
(e) How long has MOTHER lived in Idaho? Three yrs.

4. FULL NAME OF CHILD

Philip Wendell Carter

5. Date of Birth of Child

(Month, day, year) 5-11-19106. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Slith (Sam) Marion Carter11. Color or Race White 12. Age at time of THIS birth 33 yrs.13. Birthplace Monroeville Alabama
(City or town) (State or foreign country)14. Exact Occupation Office Manager15. Industry or Business Gray News Company

MOTHER OF CHILD

16. FULL MAIDEN NAME Kathyrne (Kitty) Louise Crosby17. Color or Race White 18. Age at time of THIS birth 26 yrs.19. Birthplace Fort Worth Texas
(City or town) (State or foreign country)20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's OWN signature

M.D. Address Date
Midwife

State of Idaho
County of Jefferson ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 66 years of age, that I have known this person for 33 years, and that

Dr. Castle Sr. who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Slith Marion Carter Signature
Rigby Idaho P. O. Address

Subscribed and sworn to before me this 27th day of January, 1944
(SEAL) W. B. Birch Notary Public, residing at Rigby, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 8 1944 by Marj Heller Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

336-219 014-366

384669

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Parma
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 4 years 4 months 10 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Parma, Idaho
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Alida Ellen Lloyd
5. Date of Birth of Child
(Month, day, year) Jan. 19, 1910
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** John Edgar Lloyd
11. Color or Race White 12. Age at time of THIS birth 43 yrs.
13. Birthplace Washington, Virginia
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Jennie Cowan
17. Color or Race White 18. Age at time of THIS birth 35 yrs.
19. Birthplace McKaysport, Penn.
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 6:00 P.M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Jennie Lloyd
(First name) (Last name)
who is related as Mother
(Mother, etc.)

25. Attendant's **OWN** signature Nettie L Yeakel M.D. _____ Address Parma Ida Date Jan 21, 1944
Midwife _____
- State of _____ ss. _____
- County of _____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now _____ years of age, that I have known this person for _____ years, and that
_____, who attended this birth. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____.

(SEAL)

_____, Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1944 by Nettie L Yeakel, Registrar.

FEB 14 1914

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

235-105044 289

384734

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County.....Washington (b) City.....Midvale
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State..... (b) County.....
(c) City.....
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD**.....Clyde Edward Stewart
7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year).....Jan 5 1910
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME**.....John Alexander Stewart
11. Color.....White 12. Age at time of THIS birth.....30 yrs.
13. Birthplace.....Salubria Washing Idaho
(City or town) (State or foreign country)
14. Exact Occupation.....Farming
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME**.....Liddie Bell Shirts
17. Color.....White 18. Age at time of THIS birth.....20 yrs.
19. Birthplace.....Midvale Washington Idaho
(City or town) (State or foreign country)
20. Exact Occupation.....Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child.....2 (b) Born alive and now living.....2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature..... M.D. Midwife Address Date
State of.....Idaho.....ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of.....Adams.....

I, the undersigned, being first duly sworn, say that I am the.....Father.....of the person whose name appears in Item 4, above, that I am now.....64.....years of age, that I have known this person for.....34.....years, and that
Dr.....Smits....., who attended this birth.....Deceased..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Alexander Stewart Signature
.....Indian Valley, Idaho..... P. O. Address

Subscribed and sworn to before me this.....5.....day of.....February....., 1944..
(SEAL) P. H. Ward.....Notary Public, residing at.....Indian Valley, Idaho..
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

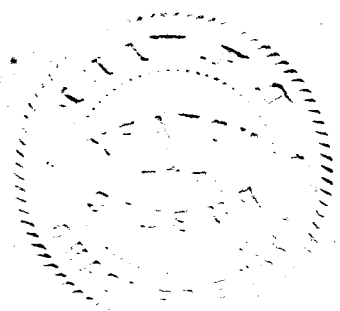
Received for filing on.....FEB 17 1944.....by.....John T. Blair....., Registrar.

FEB 19 1944

DELAYED REGISTRATION LAW

(1927 Session Laws, Chapter 130, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS

State File No. 66-1138
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)

(a) County..... (b) City Jerome
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
Ad. Home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

4. FULL NAME OF CHILD Elizabeth Rosalie Haber

6. Sex *Female* 7. Twin or Triplet *7* If so—born 1st, 2nd, 3rd *3rd*

FATHER OF CHILD

10. FULL NAME Michael Baker
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Bukin Hungary
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State. Idaho (b) County. _____
(c) City. Jerome
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? _____ yrs.

3. RESIDENCE OF FATHER (city, state) Young, Ill.

5. Date of Birth of Child *Mar. 17, 1944*
(Month, day, year).....

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Steffner
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Grenada, Austria
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum..... Not known

23. Number of children of this mother: (a) At time of birth and including this child.....4..... (b) Born alive and now living.....1.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
 and at the place stated above, and that personal particulars were furnished by _____, who is
 related to this child as _____ (First names) _____ (Last name) _____
 (Mother, etc.) _____

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____

State of Florida } ss.
County of Franklin

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for Her lifetime years, and that Dr. Hemming from Idaho who attended this birth. Can not be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 22 day of Jan, 1944

(SEAL) Franklin Notary Public, residing at Denver City, Colo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1944 by W. J. J. J., Registrar.

FEB 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

384761

251-221 063-239
 United States
 Department of Commerce
 Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
 Local Reg. No.
 Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County BANNOCK (b) City MCCAMMON
 (c) Street Address or R.F.D. No. Gen. Del.
 (d) Name of Hospital or Maternity Home:

(e) Mothers stay BEFORE delivery:

In THIS county 28 years 10 months 26 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County BANNOCK
 (c) City MCCAMMON
 (d) Street Address or R.F.D. No. Gen. Del.
 (e) How long has MOTHER lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) MCCAMMON-IDAHO

4. FULL NAME OF CHILD

DOLARES HEADLEE

5. Date of Birth of Child

(Month, day, year) APRIL 21-1910

6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9mo. 9. Legitimate? YES.

FATHER OF CHILD

10. FULL NAME AARON F. HEADLEE
 11. Color or Race WHITE 12. Age at time of THIS birth 45 yrs.
 13. Birthplace LA SALLE IOWA
 (City or town) (State or foreign country)
 14. Exact Occupation FARMER
 15. Industry or Business FARMER

MOTHER OF CHILD

16. FULL MAIDEN NAME ADA EVA MAY STINGER
 17. Color or Race WHITE 18. Age at time of THIS birth 28 yrs.
 19. Birthplace GARDEN CREEK IDAHO
 (City or town) (State or foreign country)
 20. Exact Occupation HOUSE WIFE
 21. Industry or Business HOUSE WIFE

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
 23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by.....
 (First name) (Last name)
 who is related as.....
 (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
 Midwife

State of California } ss.
 County of Orange

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
 (Mother, etc.)
 above, that I am now 62 years of age, that I have known this person for 33 years, and that
Dr. Cooper who attended this birth deceased I further
 (First name) (Last name) (Is now deceased) or (Cannot be located)
 state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
 1937 Session Laws.

Mrs Ada Headlee Signature
1604 W. First St., Santa Ana, Cal. P.O. Address

Subscribed and sworn to before me this 11th day of February, 1944.

(SEAL)

Louis L. Moore Notary Public, residing at Santa Ana,
 (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Orange County, Calif.

Received for filing on FEB 14 1944 by Mrs. Headlee, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

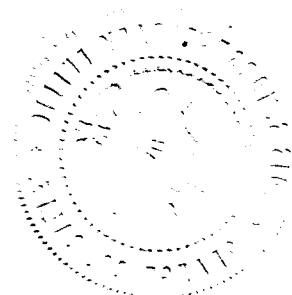
AUG 28 1938

FEB 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **385843**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Franklin
(c) City FREMONT
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho?

4. FULL NAME OF CHILD

Harvey LaVerne Maynard

6. Sex

Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME

Harvey Maynard

11. Color or Race

white

12. Age at time of THIS birth

25 yrs.

13. Birthplace

Ashton

(City or town)

(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Minnie Garner

17. Color or Race

white

18. Age at time of THIS birth

25 yrs.

19. Birthplace

Redlands, Cal.

(City or town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child, (b) Born alive and now living,

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Minnie Garner Maynard, who is related to this child as mother
(First name) (Last name)

25. Attendant's

OWN signature

M. S. Hargis

M.D.

Midwife

Address

Ashton, Idaho

Date

4/22/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of 19.....

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 21 1944 by M. S. Hargis, Registrar.

MAR 4 1971

FEB 25 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

86-115-019-849

385855

United States (Be sure the information is as of date of birth of THIS child.) State File No.
Department of Commerce Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Darlington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay BEFORE delivery:
In THIS county years 4 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Darlington
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Darlington, Ida.
5. Date of Birth of Child
(Month, day, year) April-15, 1910

4. FULL NAME OF CHILD Charles Lamont Thompson
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

6. Sex male

FATHER OF CHILD

10. FULL NAME Charles O. Thompson
11. Color or Race white 12. Age at time of THIS birth 41 yrs.
13. Birthplace Battle Creek Mich.
(City or town) (State or foreign country)
14. Exact Occupation carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Hurst
17. Color or Race white 18. Age at time of THIS birth 31 yrs.
19. Birthplace Boise Idaho
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mary Thompson
(First name) (Last name)
who is related as mother
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Mrs. Severia April 15th, 1910
State of Idaho ss.
County of Nez Perce

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 65 years of age, that I have known this person for 32 years, and that
Mrs. Saveria who attended this birth now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Mrs Mary Thompson Signature
Lewiston Idaho R. 2 Box 12 P. O. Address

Subscribed and sworn to before me this 21st day of Feb., 1914
(SEAL) Andell Wood Notary Public, residing at Lewiston, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1944 by Mary Helder Registrar.

FEB 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

664-204-242-814

385868

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 120 11th E.
(d) Name of Hospital or Maternity Home: Parents home

(e) Mothers stay BEFORE delivery:

In THIS county 1 years 11 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 120 11th E.

(e) How long has MOTHER lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Idaho

5. Date of Birth of Child

(Month, day, year) Nov. 4, 1910

4. FULL NAME OF CHILD

Doris Grace Fouts

6. Sex Female Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alfred C. Fouts

11. Color or Race White 12. Age at time of THIS birth 32 yrs.

13. Birthplace Trenton Missouri
(City or town) (State or foreign country)

14. Exact Occupation

15. Industry or Business Plumbing & Heating Contractor

MOTHER OF CHILD

16. FULL MAIDEN NAME Mamie L. Hamilton

17. Color or Race White 18. Age at time of THIS birth 30 yrs.

19. Birthplace Galesburg Illinois
(City or town) (State or foreign country)

20. Exact Occupation Teacher

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at 3 P. M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Mamie L. Fouts

(First name)

(Last name)

who is related as Mother

(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Midwife

Address

Date

State of Idaho } ss.
County of Cassia

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,

(Mother, etc.)

above, that I am now sixty-three years of age, that I have known this person for thirty-three years, and that

Anna Gummerson who attended this birth cannot be located I further

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mamie L. Fouts Signature

Box 127 Burley, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of February, 1944

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1944 by Mary Nelson Registrar.

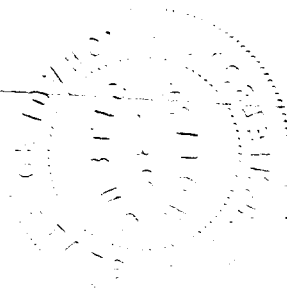
SEP 4 1974

FEB 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

497-114-042-813

385874

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Twin Falls</u> (b) City <u>Twin Falls</u> (c) Street Address or R.F.D. No. <u>444 N. 7th St. (?)</u> (d) Name of Hospital or Maternity Home: <u>born at home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>4</u> years <u>3</u> months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Twin Falls</u> (c) City <u>Twin Falls</u> (d) Street Address or R.F.D. No. <u>444 N. 7th St. (?)</u> (e) How long has MOTHER lived in Idaho? <u>12</u> yrs.	
4. FULL NAME OF CHILD <u>Karl Hale Dixon, Jr.</u>		5. Date of Birth of Child <u>Nov. 14, 1910</u> (Month, day, year)	
6. Sex <u>male</u> 7. Twin or Triplet _____ 8. No. months of Pregnancy <u>9</u>		9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Karl Hale Dixon</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>25</u> yrs. 13. Birthplace <u>Miller, South Dakota</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Editor and publisher</u> 15. Industry or Business <u>Twin Falls News (Idaho)</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Esther Mary Hall</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>22</u> yrs. 19. Birthplace <u>Mason City, Iowa</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. <u>Silver Nitrate</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's _____ M.D. _____ Address _____ Date _____
OWN signature _____ Midwife _____

AFFIDAVIT

State of Idaho County of Coak ss.
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 33 years, and that Dr. H. W. Couchack who attended this birth cannot be located. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1907 Session Laws.

Subscribed and sworn to before me this 2nd day of February, 1911.
(SEAL) _____ Notary Public, residing at 2511 Lexington Ave. Waycross, Ga.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

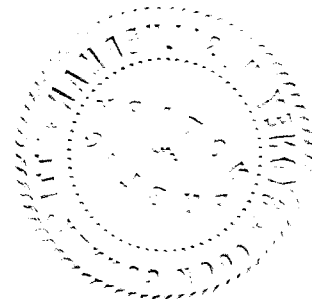
Received for filing on FEB 21 1911 by Mabel H. Hager Registrar.

FEB 23 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

689-25-092-005

385884

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address:

4. **FULL NAME OF CHILD** Evelyn Alice Whitlock
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd

5. Date of Birth July 15th, 1910
(Month, day year)
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Howard Whitlock
11. Color or Race W
12. Age at time of THIS birth 37 yrs.
13. Birthplace Adell, Michigan
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Theresa Mary Dunne
17. Color or Race W
18. Age at time of THIS birth 27 yrs.
19. Birthplace Dublin, Ireland
(City or town) (State or foreign country)
20. Exact Occupation hswife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Teresa D. Whitlock, who is related to this child as Mother (First name) (Last name)

26. (a) Feb 17, 1944 (Date received)
(b) [Signature] (Registrar's signature)
27. Given name added on
(Registrar's signature)

25. Attendant's **OWN** signature M.D.
(D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Boise

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Theresa D. Whitlock, being first duly sworn, say that I am related (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Attendant (Name of attendant at birth) who attended said birth cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

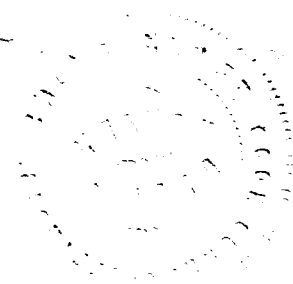
Subscribed and sworn to before me on this 15th day of February, 1944
(SEAL) Frank Lyons Notary Public, residing at 120 S. La Salle St. Chicago, Ill.
Theresa Mary Whitlock Signature
1608 Green Street Chicago, Ill. O. Address

FEB 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

266-102-208-393

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **385905**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County Boise (b) City McCall (c) Street Address or R.F.D. No. Farm Home (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county 1 years 6 months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State Idaho (b) County Boise (c) City McCall (d) Street Address or R.F.D. No. Farm Home (e) How long has MOTHER lived in Idaho? 1yr. 6Mo. yrs.	
4. FULL NAME OF CHILD Walter William Bowman		3. RESIDENCE OF FATHER (city, state) McCall, Idaho 5. Date of Birth of Child (Month, day, year) Nov. 22, 1910	
6. Sex male	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy 9	9. Legitimate? yes
FATHER OF CHILD 10. FULL NAME George Walter Bowman 11. Color or Race white 12. Age at time of THIS birth. 28 yrs. 13. Birthplace St. Louis, Missouri (City or town) (State or foreign country) 14. Exact Occupation. Farming 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME Bessie May Little 17. Color or Race white 18. Age at time of THIS birth. 18 yrs. 19. Birthplace Natches, Washington (City or town) (State or foreign country) 20. Exact Occupation. Housewife 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____			
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____
Midwife _____

AFFIDAVIT

State of **Idaho** } ss.
County of **Lincoln** }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **Father** of the person whose name appears in Item 4, above, that I am now **62** years of age, that I have known this person for **since his birth** years, and that **May Williams (mid-wife)** who attended this birth **is now deceased** I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Geo. W. Bowman Signature
Shoshone, Idaho P. O. Address

Subscribed and sworn to before me this **23rd** day of **February**, 19 **44**.
(SEAL) **Charles L. Perkins** _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) **PROBATE JUDGE OF LINCOLN COUNTY, IDAHO**

OCT 23 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

385935

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County..... (b) City.....
(c) Street, Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....

(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

4. **FULL NAME OF CHILD** John Philip Hawes

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. **FULL NAME** Joseph E. Hawes

11. Color or Race White 12. Age at time of THIS birth 34 yrs.

13. Birthplace Boise Idaho
(City or town) (State or foreign country)

14. Exact Occupation Farmers Stock

15. Industry or Business Cattle

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1811 Washington

(e) How long has **MOTHER** lived in Idaho? Native yrs.

3. **RESIDENCE OF FATHER** (city, state) Burman Idaho

5. Date of Birth of Child Oct 18th 1910
(Month, day, year)

8. No. months of Pregnancy Nine 9. Legitimate? Yes

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Adelaide M. Turner

17. Color or Race White 18. Age at time of THIS birth 34 yrs.

19. Birthplace Burman Idaho
(City or town) (State or foreign country)

20. Exact Occupation House keeper

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)

who is related as.....
(Mother, etc.)

25. Attendant's Idaho M.D. Address Date
OWN signature Elmore Midwife

State of.....
County of.....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now..... years of age, that I have known this person for..... years, and that

Dr. William Smith who attended this birth..... I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Adelaide M. Hawes Signature
Burman Idaho P. O. Address

Subscribed and sworn to before me this 24th. day of February, 1944.

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

E. H. Edmunds, Notary Public, residing at Glenns Ferry,
Idaho.

Received for filing on..... by..... Registrar

MAR 1 - 1944

Mabel Helder

MAR 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls, Ida.
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Name of Hospital or Maternity Home:
At Home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 4 years 11 months 13 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
3. **RESIDENCE OF FATHER** (city, state) Twin Falls, Ida

4. **FULL NAME OF CHILD** Franklin Anton Eichert
5. Date of Birth of Child (Month, day, year) Aug. 13, 1910
6. Sex Male 7. Twin or Triplet ---- If so—born 1st, 2nd, 3rd ---- 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** John Edward Eichert
11. Color White 12. Age at time of THIS birth 39 yrs.
13. Birthplace Menomonee, Michigan
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Rosalie Jacks
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Wathena, Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Nurse

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is related to this child as
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of Sanders

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for since birth years, and that Dr. Truman O. Boyd, who attended this birth, I believe is deceased further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosalie Eichert Signature
Thompson Falls, Montana P. O. Address

Subscribed and sworn to before me this 21st day of February, 19 44

(SEAL) James H. Smith ~~Notary Public~~ XXXX
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Clerk of Dist. Court.

Received for filing on MAR 1 - 1944 by Walter H. Haden Registrar.

385938

MAR 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

366-306-069-663

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **385943**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County Sand Point (b) City Sand Point (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county at years months months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State Idaho (b) County Sand Point (c) City Sand Point (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho 2 yrs	
4. FULL NAME OF CHILD Hattie Elizabeth Cooley Girl		5. Date of Birth of Child (Month, day, year) September 6, 1910	
6. Sex Girl		8. No. months of Pregnancy 9. Legitimate? Yes	
FATHER OF CHILD 10. FULL NAME John Ballou Cooley 11. Color or Race White 12. Age at time of THIS birth 43 yrs. 13. Birthplace Sparta (City or town) It is correct (State or foreign country) 14. Exact Occupation Brick layer and stone mason 15. Industry or Business Marble		MOTHER OF CHILD 16. FULL MAIDEN NAME Ida Mary Holt 17. Color or Race White 18. Age at time of THIS birth 33 yrs. 19. Birthplace Sparta (City or town) It is correct (State or foreign country) 20. Exact Occupation House wife 21. Industry or Business House wife	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child Three (b) Born alive and now living Three			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature **Marion J. King** M.D. Address Date
Midwife

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4, above, that I am now **66** years of age, that I have known this person for **since birth** years, and that **The doctor (name forgotten)** who attended this birth **cannot be located** I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (First name) (Last name)
Ida Mary (Galt) Cooley Signature
416 1/2 Drury Way, Seattle P. O. Address
Subscribed and sworn to before me this **28th** day of **Dec.** 19 **43**
(SEAL) **W. J. Galt** Notary Public, residing at **Seattle**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **MAR 1 - 1944** by **Marion J. King** Registrar.

MAR 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1934 Session Laws, has not been recorded, or in some cases, a birth certificate has been filed which has occurred subsequent to such date, the local registrar is authorized to file by the local registrar for each such birth, true and correct minutes, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **385952**

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. 2nd Street
(d) Name of Hospital or Maternity Home:
Born at home - 2nd Street Moscow
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. 2nd Street
(e) How long has **MOTHER** lived in Idaho? four yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD**

Ruth Victoria Mortenson

5. Date of Birth of Child

(Month, day, year) June 3, 1910

6. Sex

Female 7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME**

John Mortenson

11. Color or Race

White

12. Age at time of THIS birth 47 yrs.

13. Birthplace

Blekinge

(City or town)

Sweden

(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME**

Ida Sarahina Samuelson

17. Color or Race

White

18. Age at time of THIS birth 35 yrs.

19. Birthplace

Blekinge

(City or town)

Sweden

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by (First name) (Last name)

who is related as (Mother, etc.)

25. Attendant's OWN signature

M.D. Address Date
Midwife

State of Washington } ss.
County of King

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the causin of the person whose name appears in Item 4, (Mother, etc.)

above, that I am now years of age, that I have known this person for 34 33 years, and that

Dr. C. L. Guitman (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

MRS ANNA M FRENCH

Signature

2014 - 4th Avenue, Seattle, Wash Address

Subscribed and sworn to before me this 10th day of February, 1941

(SEAL)

Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 1 - 1944 by Mary H. H. H. Registrar.

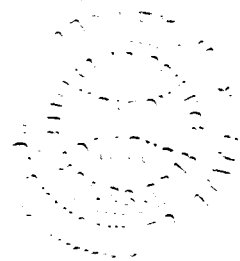
FEB 10 1944

MAR 18 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

562-27-242-285

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **385964**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County Twin Falls (b) City Kimberly
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mothers stay **BEFORE** delivery:
In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Twin Falls
(c) City Kimberly
(d) Street Address or R.F.D. No. FARM
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

4. **FULL NAME OF CHILD** CATHERINE GENEVA VOSS

7. Twin or Triplet
If so—born 1st, 2nd, 3rd

6. Sex FEMALE

3. **RESIDENCE OF FATHER** (city, state) KIMBERLY IDAHO
5. Date of Birth of Child (Month, day, year) MARCH 31 1910

8. No. months of Pregnancy 9 Mo 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOHN HENRY VOSS
11. Color or Race WHITE 12. Age at time of THIS birth 43 yrs.
13. Birthplace CHICAGO, ILLINOIS
(City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANNA MARIE SHEARER
17. Color or Race WHITE 18. Age at time of THIS birth 29 yrs.
19. Birthplace EASTON KANSAS
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of California
County of Los Angeles ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 77 years of age, that I have known this person for 33 years, and that
Pr. WHITE, who attended this birth, Is Deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Subscribed and sworn to before me this 19th day of FEBRUARY, 1944
Odette B. Landis, Notary Public, residing at Long Beach California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1944 by Maude Helder, Registrar.

MAR 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

448-207001-793

United States (Be sure the information is as of date of birth of THIS child.) State File No. **386053**
Department of Commerce **MAR 9 1944** **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census **STATE OF IDAHO** Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **Ada** (b) City **Boise**
(c) Street Address or R.F.D. No. **N. 7th ST. (P)**
(d) Name of Hospital or Maternity Home: **at home**
(e) Mothers stay **BEFORE** delivery:
In **THIS** county **2** years **2** months **4** days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **Idaho** (b) County **Ada**
(c) City **Boise**
(d) Street Address or R.F.D. No. **North 7th**
(e) How long has **MOTHER** lived in Idaho? **18 months**

3. **RESIDENCE OF FATHER** (city, state) **same as above**
5. Date of Birth of Child (Month, day, year) **NOV. 7 - 1910**
6. Sex **FEMALE** 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy **9** 9. Legitimate? **YES**

FATHER OF CHILD
10. **FULL NAME** **FRED. BLAKE HUYCK**
11. Color or Race **WHITE** 12. Age at time of THIS birth **23** yrs.
13. Birthplace **ONTARIO, CANADA**
(City or town) (State or foreign country)
14. Exact Occupation **SALES MAN**
15. Industry or Business **REAL ESTATE**

MOTHER OF CHILD
16. **FULL MAIDEN NAME** **KATHERINE GILMORE**
17. Color or Race **WHITE** 18. Age at time of THIS birth **25** yrs.
19. Birthplace **EAST NEWARK, NEW JERSEY**
(City or town) (State or foreign country)
20. Exact Occupation **HOUSE WIFE**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. **Silver nitrate**
23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **2**

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of **California** } ss.
County of **San Francisco** }

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now **59** years of age, that I have known this person for **33** years, and that
the doctor who attended this birth. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

NOTARY PUBLIC
In and for the City and County of **San Francisco**, California
Subscribed and sworn to before me this **6th** day of **March**, 19**44**
My Commission Expires Feb. 10, 1945 **Margaret M. Lynch**, Notary Public, residing at **San Francisco**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **MAR 10 1944** by **Mabel H. Henders**, Registrar.

MAR 10 1944

NOV 14 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

125-101-001-741

386080

386080

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 386080
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County <u>Ada</u>	(b) City <u>Boise</u>	(a) State <u>Idaho</u>	(b) County <u>Ada</u>
(c) Street Address or R.F.D. No. <u>220 N. 6th st</u>	(c) City <u>Boise</u>	(d) Street Address or R.F.D. No. <u>220 N 6th st</u>	(e) How long has MOTHER lived in Idaho? <u>10</u> yrs.
(d) Name of Hospital or Maternity Home: <u>at home</u>		3. RESIDENCE OF FATHER (city, state) <u>Boise Ida.</u>	
(e) Mothers stay BEFORE delivery: In THIS county <u>10</u> years months days			

4. FULL NAME OF CHILD <u>Joseph Henry Uberuaga</u>	5. Date of Birth of Child (Month, day, year) <u>10-1-1910</u>
6. Sex <u>Male</u>	7. Twin or Triplet <u>no</u>
	8. No. months of Pregnancy <u>9</u>
	9. Legitimate? <u>yes</u>

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Jose A Uberuaga</u>	16. FULL MAIDEN NAME <u>Felipa Guarrechena</u>		
11. Color <u>white</u>	17. Color <u>white</u>		
12. Age at time of THIS birth <u>42</u> yrs.	18. Age at time of THIS birth <u>27</u> yrs.		
13. Birthplace <u>Guzaburuaga, Vizcaya, Spain</u>	19. Birthplace <u>Durango, Vizcaya, Spain</u>		
(City or town) (State or foreign country)	(City or town) (State or foreign country)		
14. Exact Occupation <u>Woolgrower</u>	20. Exact Occupation <u>House wife</u>		
15. Industry or Business <u>Sheep Industry</u>	21. Industry or Business		

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date..... (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name)

who is related as..... (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date

State of Idaho } ss.
County of Ada

I, the undersigned, being first duly sworn, say that I am the..... Mother..... of the person whose name appears in Item 4, above, that I am now..... 60..... years of age, that I have known this person for..... 33..... years, and that..... Dr. George Colliester..... who attended this birth..... deceased..... I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this..... 22..... day of..... March..... 1944

(SEAL)..... Notary Public, residing at..... Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

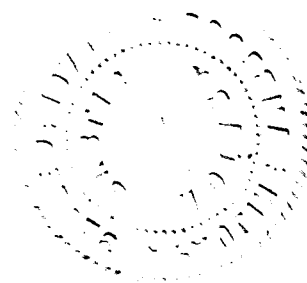
Received for filing on..... 3/22/44..... by..... Mahal F. Elder..... Registrar.

MAR 23 1914

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **386097**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Payette (b) City Payette
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 6 years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Payette
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette Idaho

4. **FULL NAME OF CHILD** George Fredrick Scott
5. Date of Birth of Child 7 mo. 31 day - 1910
(Month, day, year)
6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** George Felix Scott
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Quindage Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Ina Alberta Davis
17. Color or Race white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Atchison Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of Idaho } ss.
County of Payette }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 36 years of age, that I have known this person for since birth years, and that

Attendant _____, who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) _____ (Last name) _____
(Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this 3/15 day of March, 1941

(SEAL) _____, Notary Public, residing at New Plymouth Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 - 1944 by John H. Elder Registrar.

MAR 5 1973

APR 1 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIVE-CENT postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an additional fee of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 387282
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Lincoln (b) City Acequia
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:

(e) Mothers stay BEFORE delivery:
In THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Lincoln
(c) City Acequia
(d) Street Address or R.F.D. No. 1

(e) How long has MOTHER lived in Idaho? 5 yrs.

4. FULL NAME OF CHILD Eleanor Lucile Craver

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state) same

5. Date of Birth of Child (Month, day, year) April 9, 1916

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ernest Thomas Craver
11. Color or Race white 12. Age at time of THIS birth 43 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Photographer, farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marian Schmitz
17. Color or Race white 18. Age at time of THIS birth 29 yrs.
19. Birthplace Albion, Louisiana (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Washington } ss.
County of San Juan

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 26 years of age, that I have known this person for 33 years, and that
Miss M. E. Collier (Mrs. J. W.) who attended this birth whereabouts unknown further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

E. J. Craver Signature
Friday Harbor P. O. Address

and sworn to before me this 4th day of March 1944

Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Walter T. Lund Notary Public for the State of Idaho
Friday Harbor, WASH

Received by filing on MAR 21 1944 by Mabel Helder Registrar.



DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAR 3 1958

8--NOTARY ACKNOWLEDGMENT

The Huffman General Supply House, Lincoln, Nebr.

STATE OF Washington

San Juan County

ss.

On this 18th day of March, A. D. 1944, before

me, the undersigned ~~#####~~ Cecil L. Carter

a Notary Public, duly commissioned and qualified for and residing in said County,
personally came E T Craver

MAR 21 1944

Edward T. Craver
to me known to be the identical person whose name is
affixed to the foregoing instrument and acknowledged the same to be his
voluntary act and deed.

Witness my hand and Notarial Seal the day and year last above written.

Cecil L. Carter Notary Public.

My commission expires the 7th day of February, 1945

ce

MAR 24 1944

MAR 3 1953

764 110 022-435

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **387286**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **FREMONT** (b) City **TWIN GROVES**
(c) Street Address or R.F.D. No. **REF. 3**
(d) Name of Hospital or Maternity Home: **NONE**
(e) Mothers stay **BEFORE** delivery:
In **THIS** county **20** years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **IDAHO** (b) County **FREMONT**
(c) City
(d) Street Address or R.F.D. No. **REF. 3**
(e) How long has **MOTHER** lived in Idaho? **50** yrs.

4. **FULL NAME OF CHILD** **STEVE GODFREY**
6. Sex **MALE** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) **DEAD**
5. Date of Birth of Child (Month, day, year) **1/10/1910**
8. No. months of Pregnancy **9** 9. Legitimate? **YES**

FATHER OF CHILD
10. **FULL NAME** **DAVID ROBERT GODFREY**
11. Color or Race **WHITE** 12. Age at time of THIS birth **45** yrs.
13. Birthplace **NORTH OGDEN UTAH** (City or town) (State or foreign country)
14. Exact Occupation **FARMER**
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** **LORETTA MC. ENTIRE**
17. Color or Race **WHITE** 18. Age at time of THIS birth yrs.
19. Birthplace **NORTH OGDEN UTAH** (City or town) (State or foreign country)
20. Exact Occupation **HOUSEWIFE**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child **9** (b) Born alive ~~and~~ now living **7**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by **RATIE HOVERMALE** (First name) (Last name) who is related as **SISTER** (Mother, etc.)
25. Attendant's **OWN** signature **KATIE HOVERMALE** M.D. Address **Salida Falls Idaho** Date **2/26/1944**

State of ss.
County of

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this day of, 19.....

(SEAL)

....., Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **MAR 21 1944** by **Mary Helder**, Registrar.

DEC 9 1964

MAR 24 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-128 034 631

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **387324**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Minnidoka (b) City Paul
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home on farm
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Minnidoka
(c) City Paul
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 13 yrs.

4. FULL NAME OF CHILD

Marcel Henry Frank Grimm

5. Date of Birth of Child 28th of Aug
(Month, day, year) 1940

6. Sex boy 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME Henry William Grimm
11. Color or Race white 12. Age at time of THIS birth 30 yrs.
13. Birthplace Paul Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

16. FULL MAIDEN NAME Rosa Almagor
17. Color or Race white 18. Age at time of THIS birth 27 yrs.
19. Birthplace Silverton Oregon
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho County of Minnidoka ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 63 years of age, that I have known this person for 33 years, and that
Henry William Grimm, who attended this birth, I further
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

X Henry William Grimm Signature
Paul Idaho P. O. Address

Subscribed and sworn to before me this 23 day of March, 1940.
(SEAL) Ed Clark Notary Public, residing at Paul Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

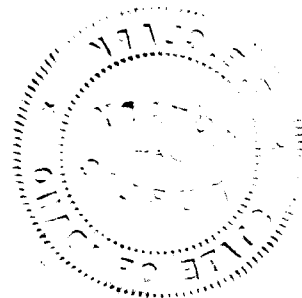
Received for filing on MAR 28 1944 by Marcel Grimm, Registrar.

MAR 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

714-101042796

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **387346**

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. R.F.D. (S.E. Twin Falls)
(d) Name of Hospital or Maternity Home:
at home on farm
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. R.F.D. (S.E. Twin Falls)
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
3. **RESIDENCE OF FATHER** (city, state) Twin Falls, Idaho

4. **FULL NAME OF CHILD** JESSE HAWLEY PADGET

5. Date of Birth of Child
(Month, day, year) Aug. 1, 1910

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 mo 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Franklin Padget
11. Color or Race white 12. Age at time of THIS birth 38 yrs.
13. Birthplace near Memphis, Missouri
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business general farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Wilissa Jane Prough
17. Color or Race white 18. Age at time of THIS birth 38 yrs.
19. Birthplace near Memphis, Missouri
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business farmer's wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known but presumed usual of practice
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) _____ who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of Idaho } ss.
County of Canyon

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for since his birth years, and that Dr. E. T. (2) Pike, M. D. who attended this birth is deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

Edward Franklin Padget Signature
302 Chicago St., Caldwell, Ida. P.O. Address

Subscribed and sworn to before me this 28th day of March, 1944
(SEAL) Walter R. [Signature] Notary Public, residing at Caldwell, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1944 by Malv Helder Registrar.

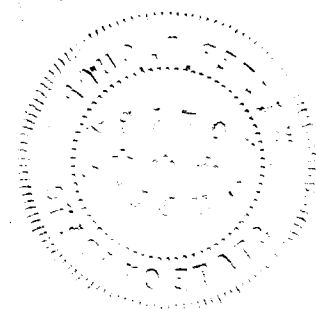
FEB 17 1972

MAR 21 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS Postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

864729014 776

(Be sure the information is as of date of birth of THIS child.)

387397 387397

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387397
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. I
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 10 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
3. **RESIDENCE OF FATHER** (city, state) Nampa, Idaho

4. **FULL NAME OF CHILD** John Lewis Yoder 5. Date of Birth of Child
(Month, day, year) 4/29/10

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy I st. 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Lewis Franklyn Yoder
11. Color or Race American 12. Age at time of THIS birth 26 yrs.
13. Birthplace West Liberty, Ohio
(City or town) (State or foreign country)
14. Exact Occupation Manager of Grocery
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Alpha Edna Groves
17. Color or Race American 18. Age at time of THIS birth 21 yrs.
19. Birthplace Alvo, Nebraska
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Canyon

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

- I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 54 years of age, that I have known this person for 33 years, and that
Dr. Clongue, who attended this birth, is now deceased I further

(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Subscribed and sworn to before me this _____ day of April, 1944
(SEAL) _____, Notary Public, residing at Nampa, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 - 1944 by John H. Elder, Registrar.

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APR 6

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date~~, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



419-219 014993

387348 387398

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census MAR 27 1944 STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) ~~Street Address~~ or R.F.D. No.
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
IN THIS county 1 years 4 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD LELA TERESA MAROTTE
5. Date of Birth of Child (Month, day, year) MAR. 19, 1910
6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME ANTON MAROTTE
11. Color or Race WHITE 12. Age at time of THIS birth 29 yrs.
13. Birthplace CASE MISSOURI
(City or town) (State or foreign country)
14. Exact Occupation MILLWRIGHT
15. Industry or Business FACTORY

MOTHER OF CHILD
16. FULL MAIDEN NAME HULDAH E. RICKEY
17. Color or Race WHITE 18. Age at time of THIS birth 34 yrs.
19. Birthplace LINDEN INDIANA
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
Midwife

State of Illinois } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of Mason

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 34 years, and that Dr. S.D. Colonge, who attended this birth Cannot be located I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anton Marotte Signature
555 So Broadway St. Decatur Ill. P. O. Address

Subscribed and sworn to before me this 22nd day of March, 1944
(SEAL) Notary Public Notary Public, residing at Decatur Ill.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1944 by Malv F. Elder Registrar.

APR 2 1914

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

562-218037-749

387400

387400

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Owyhee (b) City Bruneau
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: at home
In Hosp. or Mat. Home. days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Owyhee
(c) City Bruneau
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 60 yrs.
(f) Mother's mailing address Bruneau, Idaho

3. RESIDENCE of FATHER (city, state) Bruneau, Ida

4. FULL NAME OF CHILD

Thelma Nellie Noble

5. Date of Birth

(Month, day year) Nov 18, 1910

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

nine Legitimate? yes

FATHER OF CHILD

10. FULL NAME

John F. Noble

16. FULL MAIDEN NAME

Dollie Purjue

11. Color or Race

white

12. Age at time of THIS birth

36 yrs.

17. Color or Race

white

18. Age at time of THIS birth

26 yrs.

13. Birthplace

Muskeegan,

Michigan

19. Birthplace

Cambridge,

Idaho

14. Exact Occupation

Farming, stockraising

20. Exact Occupation

house wife

15. Industry or Business

Farming, stockraising

21. Industry or Business

house wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

and at the place stated above, and that personal particulars were furnished by (born alive, stillborn)

related to this child as (First name) (Last name), who is

APR 7 - 1944

26. (a) (Mother, etc.)

(Date received)

(b) [Signature]

(Registrar's signature)

25. Attendant's

OWN signature

M.D.

(D.O., Midwife, etc.)

27. Given name added on by

(Registrar's signature)

and address

Date

State of Idaho
County of Owyhee } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Dollie Purjue Noble, being first duly sworn, say that I am mother

(Related to (or) acquainted with)

Thelma Nellie Noble Hutchison as Mother, whose birth certificate

(Name of person on certificate above)

(State relationship or acquaintance)

appears above; and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Mather

(Name of attendant at birth)

said birth is now deceased and that this birth has not been previously recorded.

(Is now deceased (or) cannot be located)

Dollie Purjue Noble

Signature

Bruneau Idaho

P. O. Address

Subscribed and sworn to before me on this 29th day of March

1944

(SEAL)

Notary Public, residing at Bruneau, Idaho

APR 7 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

243 224 016 659

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(Be sure the information is as of date of birth of THIS child.)

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. 318 So. Oakley
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. 318 So. Oakley
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

4. **FULL NAME OF CHILD** Maurine Bulkeley
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

5. Date of Birth of Child (Month, day, year) Aug. 24, 1910
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Samuel Mear Bulkeley
11. Color or Race white 12. Age at time of THIS birth 27 yrs.
13. Birthplace Springville, Utah
(City or town) (State or foreign country)
14. Exact Occupation Mail Carrier P.D.
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Luella Ferrin
17. Color or Race white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Huntsville, Utah
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) _____ who is related as _____ (Mother, etc.) _____

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of Idaho } ss.
County of Cassia }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 33 years, and that Dr. Hulda Thallman who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Luella Ferrin Bulkeley Signature
175 So. Hansen Burley Idaho P. O. Address

Subscribed and sworn to before me this 6th day of April 1940
(SEAL) Ernest W. Fisher Notary Public residing at Burley, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 11 1944 by Mabel Elder Registrar.

JUN 27 1972

APR 1 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-131-028-366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **387523**

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
 (a) County Kootenai (b) City Harrison
 (c) Street Address or R.F.D. No.
 (d) Name of Hospital or Maternity Home:
None (home)
 (e) Mothers stay **BEFORE** delivery:
 In **THIS** county 8 years 4 months 21 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 (a) State Idaho (b) County Kootenai
 (c) City Harrison
 (d) Street Address or R.F.D. No.
 (e) How long has **MOTHER** lived in Idaho? 14 yrs.
3. **RESIDENCE OF FATHER** (city, state) Harrison, Idaho.

4. **FULL NAME OF CHILD** Albert Mc Cann
 5. Date of Birth of Child
 (Month, day, year) Aug. 31, 1940.

6. Sex Male 7. Twin or Triplet single If so—born 1st, 2nd, 3rd
 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John ALLIE McCann
 11. Color or Race White 12. Age at time of THIS birth 35 yrs.
 13. Birthplace Mtn. View Missouri
 (City or town) (State or foreign country)
 14. Exact Occupation Laborer
 15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Luey Jane Cowin
 17. Color or Race White 18. Age at time of THIS birth 25 yrs.
 19. Birthplace Van Buren Missouri
 (City or town) (State or foreign country)
 20. Exact Occupation Housewife
 21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
 23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by
 (First name) (Last name)
 who is related as
 (Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
 Midwife

State of Missouri } ss.
 County of Shannon }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
 (Mother, etc.)
 above, that I am now 59 years of age, that I have known this person for since birth years, and that

Mrs. Gregor who attended this birth is deceased I further
 (First name) (Last name)
 state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
 1937 Session Laws.

Luey Jane McCann Signature
Birth Tree, Missouri P.O. Address

Subscribed and sworn to before me this 5 day of April, 1944.

(SEAL)

Orin ButcherNotary Public, residing at Montier, Mo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

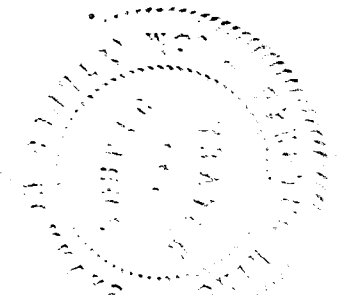
Received for filing on APR 12 1944 by Malv F. Elder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the ~~effective date of Chapter 191, 1911~~ Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

241 216 013-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **387550**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County <u>Camas</u>	(b) City <u>Corral</u>	(a) State <u>Idaho</u>	(b) County <u>Camas</u>
(c) Street Address or R.F.D. No.		(c) City <u>Corral</u>	
(d) Name of Hospital or Maternity Home <u>Own Home</u>		(d) Street Address or R.F.D. No. <u>Out in Country</u>	
(e) Mothers stay BEFORE delivery: In THIS county <u>1</u> years <u>1</u> months <u>1</u> days		(e) How long has MOTHER lived in Idaho? <u>20</u> yrs.	
4. FULL NAME OF CHILD <u>Pearl Esther Small</u>		5. Date of Birth of Child <u>Aug. 16, 1910</u> (Month, day, year)	
6. Sex <u>Female</u>	7. Twin or Triplet	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Louis Arthur Small</u>		16. FULL MAIDEN NAME <u>Mabel May Smith</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>26</u> yrs.	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>20</u> yrs.
13. Birthplace <u>Bates County, Missouri</u> (City or town) (State or foreign country)		19. Birthplace <u>Norfolk, Nebraska</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farming and</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>retail merchant</u>		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
Midwife _____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother & Father of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 54 - 59 years of age, that I have known this person since 1910 years, and that
The doctor who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Signature _____
Mabel May Small
Louis Arthur Small - Helena, Mont.
O. Address _____

Subscribed and sworn to before me this _____ day of April, 1944
(SEAL) Floyd O. Small
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Notary Public, residing at Helena, Montana

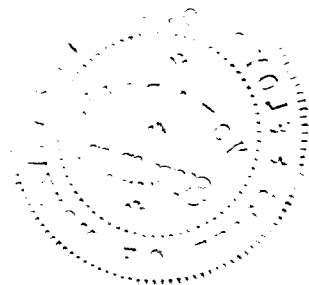
Received for filing on APR 13 1944 by Mabel Holder Registrar.

APR 14 1914

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

962-104 026 819
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

387556
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Jefferson</u> (b) City <u>Ririe</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Born at home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>5</u> years <u>I</u> months <u>10</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Jefferson</u> (c) City <u>Ririe</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>5 1/2</u> yrs.	
4. FULL NAME OF CHILD <u>Leonard Reuben Ross</u>		3. RESIDENCE OF FATHER (city, state) <u>Idaho Falls, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>July 4, 1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet <u> </u> If so—born 1st, 2nd, 3rd <u> </u>	8. No. months of Pregnancy <u>Nine</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Reuben Ross</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>25</u> yrs. 13. Birthplace <u>Lemington, Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Laborer</u> 15. Industry or Business <u>Farming</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Sarah Ann Hardy</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>22</u> yrs. 19. Birthplace <u>Severe, Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>House keeping</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>Yes 2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 5 A M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Ann Ross who is related as Mother (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address Date**
Midwife Midwife _____

AFFIDAVIT

State of Idaho } ss.
County of Jefferson }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for years, and that Wheeler who attended this birth Deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Ann Ross Signature
Idaho Falls, Idaho P.O. Address

Subscribed and sworn to before me this 5th day of April, 1944.

(SEAL) J. L. Brewster Clerk of the District Court, Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 47-914, Idaho Code Annotated.) By J. L. Zoley, Deputy
Received for filing on APR 14 1944 by Mary F. Elder Registrar.

JUN 26 1974

APR 1 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

689-224 020-557

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **387563**

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County Elmore (b) City Mt. Home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Elmore
(c) City Mt. Home
(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho?

4. **FULL NAME OF CHILD** Nellie Cecelia White

7. Twin or Triplet
If so—born 1st, 2nd, 3rd

6. Sex Female

3. **RESIDENCE OF FATHER** (city, state) Mt. Home, Ida.

5. Date of Birth of Child
(Month, day, year) Sept. 24 1912

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Sylvester White
11. Color or Race White 12. Age at time of THIS birth 68 yrs.
13. Birthplace Franklin, Pa. (City or town) (State or foreign country)
14. Exact Occupation Railroader
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louisa Frederika Engel
17. Color or Race White 18. Age at time of THIS birth 44 yrs.
19. Birthplace St. Louis, Mo. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho ss.
County of Elmore

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4,
above, that I am now 43 years of age, that I have known this person for 33 years, and that
Dr. Mother (First name) (Last name), who attended this birth is now deceased I further
(Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Minnie W. Brown Signature
Anco, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of March, 1944

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
[Signature] Notary Public, residing at Anco, Idaho

Received for filing on APR 14 1944 by Mabel F. Elder Registrar.

JAN 13 1969

APR 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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249-124028-396
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **387582**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Spirit Lake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home.
(e) Mothers stay **BEFORE** delivery:
In **THIS** county -- years 6 months -- days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Spirit Lake
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
3. **RESIDENCE OF FATHER** (city, state) Spirit Lake Idaho

4. **FULL NAME OF CHILD** Rodney Palmer Smith
5. Date of Birth of Child
(Month, day, year) August 24-1910

6. Sex Male 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Owen Palmer Smith
11. Color White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Beatrice Nebr.
(City or town) (State or foreign country)
14. Exact Occupation Railroad brakeman
15. Industry or Business Idaho, Washington, Northern R.R.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Lydia Crowe
17. Color White 18. Age at time of THIS birth 20 yrs.
19. Birthplace Cushing Nebr.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -----

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Missouri } ss.
County of Bates

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
above, that I am now 54 years of age, that I have known this person for 34 years, and that
(First name) (Last name) who attended this birth. (Is now deceased) or (Cannot be located) I further

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora Lydia Smith Signature

Rieh Hill, Mo. P.O. Address

Subscribed and sworn to before me this 30th day of March, 19 44.

My Commission Expires Nov. 28, 1945 Marion Hughes Notary Public, residing at Rieh Hill, Mo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1944 by Marion Hughes Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 9 1972

APR 10 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

238-210-039-799

387590

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

APR 14 1944

1. PLACE OF BIRTH (All items at time of this birth)

- (a) County Power (b) City American Falls
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay BEFORE delivery:
IN THIS county years months days

USUAL RESIDENCE OF MOTHER (At time of this birth)

- (a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No.....
(e) How long has MOTHER lived in Idaho? 2 yrs.

4. FULL NAME OF CHILD

Cornelia Ann Klyce

6. Sex

female

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME

John Wood Klyce

11. Color or Race

White

12. Age at time

of THIS birth 47 yrs.

13. Birthplace

Blanchville

(City or town) (State or foreign country)

14. Exact Occupation

Homemaker

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Neva May Grills

17. Color or Race

White

18. Age at time

of THIS birth 19 yrs.

19. Birthplace

Chambers

(City or town)

(State or foreign country)

20. Exact Occupation

Homemaker

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)

25. Attendant's
OWN signature

M.D.

Midwife

Address

Date

State of.....
County of.....} ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....Mother.....of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 32 years, and that

Neva May Grills Klyce, who attended this birth.....
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Neva M. Klyce

Signature

P. O. Address

Subscribed and sworn to before me this.....day of.....1944

(SEAL)

Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....

APR 17 1944

by.....

Marj Helder

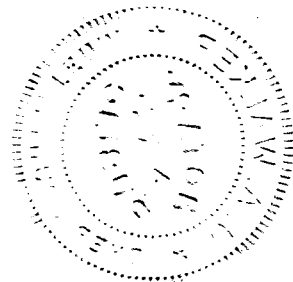
Registrar.

APR 29 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



285-217.043-413

United States

Department of Commerce

Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **388671**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) **Vanwyck**
 (a) County **Valley** (b) City **Beate**
 (c) Street Address or R.F.D. No. **none**
 (d) Name of Hospital or Maternity Home:

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
 (a) State **Idaho** (b) County **Valley**
 (c) City **Vanwyck**
 (d) Street Address or R.F.D. No. **none**
 (e) How long has MOTHER lived in Idaho? **6** yrs.

(e) Mothers stay BEFORE delivery:
 In THIS county **0** years **6** months **0** days

3. RESIDENCE OF FATHER (city, state) **Van Wink, Idaho**

4. FULL NAME OF CHILD **Any Evelyn Shepherd**

5. Date of Birth of Child
 (Month, day, year) **June 17, 1910**

6. Sex **Female** 7. Twin or Triplet **no** If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME **Orlando Guy Shepherd**
 11. Color or Race **white** 12. Age at time of THIS birth **25** yrs.
 13. Birthplace **Secor, Illinois**
 (City or town) (State or foreign country)
 14. Exact Occupation **Farmer**
 15. Industry or Business **Own farm**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Abbie Gertie Matthews**
 17. Color or Race **White** 18. Age at time of THIS birth **21** yrs.
 19. Birthplace **Competition, Missouri**
 (City or town) (State or foreign country)
 20. Exact Occupation **Homemaker**
 21. Industry or Business **Own home**

22. Name prophylactic used to prevent Ophthalmia Neonatorum. **do not know**
 23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **1**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
 (Born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by
 (First name) (Last name)
 who is related as
 (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
 Midwife

State of **Oregon** ss.
 County of **Marion**

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **father** of the person whose name appears in Item 4,
 above, that I am now **59** years of age, that I have known this person for **34** years, and that
Caroline Matthews, who attended this birth **is now deceased**, I further
 (First name) (Last name) (Is now deceased) or (Cannot be located)
 state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
 1937 Session Laws.

Orlando Guy Shepherd Signature
Stayton Oregon P. O. Address

Subscribed and sworn to before me this **10** day of **May**, 19**11**.

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Malcolm H. Beale Notary Public, residing at **Stayton Ore**
May 16 1911

Received for filing on **MAY 16 1911** by **Malcolm H. Beale** Registrar.

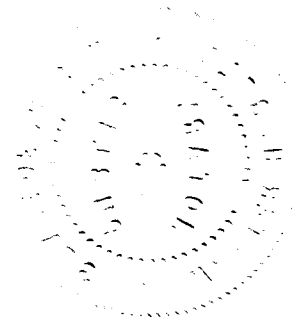
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. **666-2841038-942**
PLACE OF BIRTH
County of **Payette**
City of **Payette**
No. _____ St. _____

STATE OF IDAHO **388676**
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
388676
Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) **Beth Lois Wood** Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD

3. Sex **Female** If plural births { 4. Twin, triplet, or other _____ 6. Premature **yes** 7. Legitimate? **yes** 8. Date of birth **2/4/1910**, 193_____
5. Number, in order of birth _____ Full term _____ mate? _____ (Month, Day, Year)

9. Full name **FATHER**
Lyle Wood
10. Residence (usual place of abode) **Payette, Ida**
(If non-resident, give place and State)
11. Color or race **White** 12. Age at last birthday **39** (years)
13. Birthplace (city or place) **Ellsworth, Wis**
(State or Country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Electrician**
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work **Feb. 1910**, 19_____
17. Total time (years) spent in this work _____

18. Full maiden name **MOTHER**
Sarah Ann Russell
19. Residence (usual place of abode) **Payette, Idaho.**
(If non-resident, give place and State)
20. Color or race **White** 21. Age at last birthday **24** (years)
22. Birthplace (city or place) **Bismark, No. Dak.**
(State or Country)

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. **Housewife**
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work **Feb 1910**, 19_____
26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? **Silloid**
28. Number of children of this mother (At time of this birth and including this child) **1**
(a) Born alive and now living **1** (b) Born alive but now dead **0** (c) Stillborn **0**
29. If stillborn, period of gestation _____ { months or weeks
30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **born alive** at **7 P.m.** on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____
(Date of) _____

(Signed) **Y. R. Woodman** M. D.
or _____, Midwife

Address **Payette, Idaho.**

Filed **MAY 18 1944** **93** **Mabel Hedger** Registrar.

Registrar.

OCT 2 1967

NOV 27 1967

JUL 3 1975

JUN 28 1976

MAY 18 1944

DELANO

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BEAR LAKE (b) City GEORGETOWN
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county 24 years 2 months 25 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BEAR LAKE
(c) City GEORGETOWN
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) GEORGETOWN, IDAHO

4. FULL NAME OF CHILD Roland Willard Bee
5. Date of Birth of Child (Month, day, year) OCT. 28, 1910
6. Sex MALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? YES
FATHER OF CHILD MOTHER OF CHILD
10. FULL NAME Joseph Heworth Bee 16. FULL MAIDEN NAME Sylvia Leone Stoddard
11. Color or Race WHITE 12. Age at time of THIS birth 26 yrs. 17. Color or Race WHITE 18. Age at time of THIS birth 24 yrs.
13. Birthplace BLOOMINGTON, IDAHO (City or town) (State or foreign country) 19. Birthplace GEORGETOWN, IDAHO (City or town) (State or foreign country)
14. Exact Occupation FARMER 20. Exact Occupation HOUSEWIFE
15. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name), who is related to this child as _____ (Mother, etc.)
25. Attendant's OWN signature M.D. Address Date

State of IDAHO } ss. AFFIDAVIT to be completed when the attendant does not sign in Item 25.
County of BEAR LAKE }

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32 years, and that EMMA W. CLARK, who attended this birth, DECEASED, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located) the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature of Mrs. Leone Bee
P. O. Address
Subscribed and sworn to before me this 27 day of April, 1943
(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on MAY 24 1944 by Madeline Registrar

JUN 13 1975

MAY 24 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

713-222-006-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **388764**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County Bear Lake (b) City Bloomington
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 26 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Bear Lake
(c) City Bloomington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

4. **FULL NAME OF CHILD**

Phyllis Patterson

5. **Date of Birth of Child**

(Month, day, year) Oct. 22nd 1910

6. Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Thompson Patterson
11. Color White 12. Age at time of THIS birth 35 yrs.
or Race American
13. Birthplace Bloomington, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer & Carpenter
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anseline Mahala Thornock
17. Color White 18. Age at time of THIS birth 26 yrs.
or Race American
19. Birthplace Bloomington, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child Three (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at 11:45 P.M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Anseline T. Patterson
who is related as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature J. J. Fayward M.D. Midwife Address Logan Utah Date Apr. 24-44

State of ss.
County of

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4,
above, that I am now years of age, that I have known this person for years, and that
(First name) (Last name) who attended this birth. (Is now deceased) or (Cannot be located) I further
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this day of, 19.....

(SEAL)

....., Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1944 by Mabel Helder, Registrar.

SEP 17 1944
APR 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States 135-126-030-791
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **388767**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Lemhi</u> (b) City <u>Salmon City</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county <u>1</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Lemhi</u> (c) City <u>Salmon</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>Frederic Lester Alexander</u>		3. RESIDENCE OF FATHER (city, state) <u>Salmon Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>Sept. 26, 1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>YES</u>
FATHER OF CHILD 10. FULL NAME <u>Raymond Richard Alexander</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>28</u> yrs. 13. Birthplace <u>New Richmond Indiana</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Teacher</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Lulu Maude Graves</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>22</u> yrs. 19. Birthplace <u>Ladoga Indiana</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child Three (b) Born alive and now living Six

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 4P. M M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN signature** California **M.D.** **Address** **Date**
Los Angeles Midwife

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for over 33 years, and that Dr. Whitwell who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

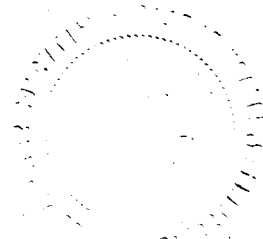
1645 Francis St Pasadena-4-California Signature
14th April 1944 Address
Notary Public Notary Public, residing at Pasadena
(Note: Perjury is punishable as a felony in Idaho as Sec. 17-914, Idaho Code Annotated.)
Received for filing on APR 28 1944 for the County of Los Angeles, State of California
My Commission Expires August 8, 1944 Registrar Mary Elder

APR 28 1914

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

469-231-011-753
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

388776
State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Boundary (b) City Bonnors Ferry
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home:

(e) Mothers stay BEFORE delivery:
In THIS county years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County
(c) City Bonnors Ferry
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Bonnors Ferry, Ida

5. Date of Birth of Child
(Month, day, year) 12-31-1910

4. FULL NAME OF CHILD

Peggy Lou Morton

6. Sex f
7. Twin or Triplet
If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy term
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward M. Morton
11. Color or Race W 12. Age at time of THIS birth 36 yrs.
13. Birthplace Minneapolis, Minnesota
(City or town) (State or foreign country)
14. Exact Occupation Laundryman
15. Industry or Business Laundry

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Rose Petrie
17. Color or Race W 18. Age at time of THIS birth 21 yrs.
19. Birthplace Long Prairie, Minnesota
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 9:00 A.M. M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Emma Rose Morton
who is related as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature Wilhelmine Petrie M.D. Address Cody, Wyoming Date 7/19/44
Midwife

State of Wyoming ss.
County of Park

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 54 years of age, that I have known this person for 33 years, and that
who attended this birth. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Emma Rose Morton Signature
1219 13th Street Cody, Wyoming P. O. Address

Subscribed and sworn to before me this 7th day of April, 1944.

(SEAL)

August B. Kasper Notary Public, residing at Cody, Wyoming.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1944 by the Registrar, Registrar.

APR 8 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 101, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Boonville Co.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>Iona</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>44</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Iona</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>58</u> yrs.	
4. FULL NAME OF CHILD <u>Reed Dewain Owens</u>		3. RESIDENCE OF FATHER (city, state) <u>Iona, Idaho</u>	

6. Sex <u>M</u>		7. Twin or Triplet	5. Date of Birth of Child (Month, day, year) <u>Jan. 3, 1910</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
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FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Cadwallender S. Owens</u>	16. FULL MAIDEN NAME <u>Mary Denning</u>		
11. Color or Race <u>White</u>	17. Color or Race <u>W</u>		
12. Age at time of THIS birth <u>33</u> yrs.	18. Age at time of THIS birth <u>33</u> yrs.		
13. Birthplace <u>Hyrum, Utah</u> (City or town) (State or foreign country)	19. Birthplace <u>Malad, Ida.</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Farmer</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business	21. Industry or Business		

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Midwife

AFFIDAVIT

State of Idaho } ss.
County of Bonneville }
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 68 years of age, that I have known this person for Life years, and that
Rosanna Denning who attended this birth Deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Mary Denning Owens Signature
700 - 11th St. Idaho Falls, Ida. Address

Subscribed and sworn to before me this 24th day of April, 19 44
(SEAL) W. L. Brewster Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

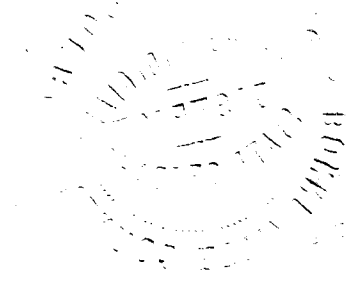
601288

APR 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

695-220-31-432

388784

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH
(a) County Lewis (b) City Snow, P.O.
(c) Street Address or R.F.D. No. Webb Ridge
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county _____ years _____ month _____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Snow P.O.
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address _____

4. FULL NAME OF CHILD Audrey Freeman

5. Date of Birth (Month, day, year) July 20, 1910

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy _____ 9. Legitimate? _____

FATHER OF CHILD
10. FULL NAME Albert A. Freeman
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Boliver, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. FULL MAIDEN NAME Mary McBees
17. Color or Race white 18. Age at time of THIS birth 20 yrs.
19. Birthplace Neosho, Missouri
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive 10 PM. M. on the date _____ (born alive, stillborn) _____
and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (Mother, etc.) _____ (First name) (Last name)

26. (a) APR 26 1944 (b) _____
(Date received) (Registrar's signature)
27. Given name added on _____ by _____
(Registrar's signature)

25. Attendant's OWN signature _____ M.D.
(D.O., Midwife, etc.) _____
and address _____ Date _____

State of California }
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary McBees Freeman, being first duly sworn, say that I am related to Audrey Freeman as Mother (Related to (or) acquainted with) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that J. E. McLaughlin, M.D., who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 6th day of April, 1943 Calif.
624 429 1/2 Infirmary Ave. Hollywood Signature
Charles M. Nogley Notary Public, residing at 2201 N. Broadway
Los Angeles, State of California. My Commission Expires December 10, 1943
L.A. Calif.

APR 28 1914

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

766-101-042-312

388810

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Twin Falls</u> (b) City <u>Twin Falls</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>At home</u> (e) Mothers stay BEFORE delivery: In THIS county <u> </u> years <u> </u> months <u> </u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Twin Falls</u> (c) City <u>Twin Falls</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>20</u> yrs.
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4. FULL NAME OF CHILD <u>John Wesley Goodson</u>	5. Date of Birth of Child (Month, day, year) <u>Nov. 1, 1910</u>
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6. Sex <u>male</u>	7. Twin or Triplet <u> </u>	8. No. months of Pregnancy <u> </u>	9. Legitimate? <u> </u>
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FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Ezekiel John Goodson</u>	16. FULL MAIDEN NAME <u>Annie Elizabeth Labrum</u>		
11. Color or Race <u>white</u>	17. Color or Race <u>white</u>	12. Age at time of THIS birth <u>29</u> yrs.	18. Age at time of THIS birth <u>29</u> yrs.
13. Birthplace <u>Lehi, Utah</u> (City or town) (State or foreign country)	19. Birthplace <u>Meadow, Millard Co., Utah</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Laborer</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business <u> </u>	21. Industry or Business <u> </u>		

22. Name prophylactic used to prevent Ophthalmia Neonatorum <u> </u>
23. Number of children of this mother: (a) At time of birth and including this child <u> </u> (b) Born alive and now living <u> </u>

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**
Midwife

State of <u>Idaho</u>	} ss.
County of <u>Bonneville</u>	

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for since birth years, and that now deceased who attended this birth. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie E. Goodson Signature
391 Sixth Street, Idaho Falls, Idaho O. Address

Subscribed and sworn to before me this 18th day of April, 1944 Idaho

(SEAL) Myrtle N. Hamilton Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 25 1944 by Registrar.

APR 28 1914

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-128-216-275

388820

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. -----
(d) Name of Hospital or Maternity Home:
born at family home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county --- years 8 months 13 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. -----
(e) How long has **MOTHER** lived in Idaho? 8 mo. 13 ds. yrs.
3. **RESIDENCE OF FATHER** (city, state) Burley, Idaho

4. **FULL NAME OF CHILD** Sylvester John William Smith 5. Date of Birth of Child,
(Month, day, year) January 28, 1910

6. Sex male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd ----- 8. No. months of Pregnancy 9 9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|--|---|---|
| 10. FULL NAME <u>Sylvester John Smith</u> | 16. FULL MAIDEN NAME <u>Christine Spohn</u> | 17. Color or Race <u>white</u> | 18. Age at time of THIS birth <u>27</u> yrs. |
| 11. Birthplace <u>Lemont Illinois</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Fountain City Wisconsin</u>
(City or town) (State or foreign country) | 20. Exact Occupation <u>Abstractor</u> | 21. Exact Occupation <u>Housewife</u> |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum. <u>do not know</u> | 23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u> | 24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>do not know</u> at <u>-----</u> M. on the date <u>-----</u> and at the place stated above, and that personal particulars were furnished by <u>-----</u> (First name) (Last name) who is related as <u>-----</u> (Mother, etc.) | 25. Attendant's OWN signature <u>-----</u> M.D. <u>-----</u> Address <u>-----</u> Date <u>-----</u> |

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was do not know at ----- M. on the date ----- and at the place stated above, and that personal particulars were furnished by ----- (First name) (Last name) who is related as ----- (Mother, etc.)
25. Attendant's OWN signature ----- M.D. ----- Address ----- Date -----

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 34 years, and that Mrs. Schallman (First name) (Last name), who attended this birth, is now deceased I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1907 Session Laws.

Sylvester John Smith Signature
St. Paul, Oregon P. O. Address

Subscribed and sworn to before me this 18th day of April, 1914.

(SEAL) Ray Kerr My commission expires April 22, 19 Notary Public, residing at St. Paul, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

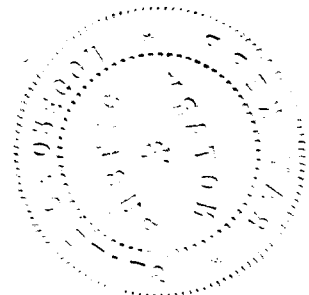
Received for filing on APR 25 1944 by Mary H. Baker Registrar.

APR 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



861-206-019-651

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **388826**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Custer (b) City MacKay

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: at home(e) Mothers stay BEFORE delivery:
In THIS county 1 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Custer(c) City MacKay

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 1 yr 4 mos. yrs.3. RESIDENCE OF FATHER (city, state) MacKay-Idaho4. FULL NAME OF CHILD Charlotte Luella Hoag5. Date of Birth of Child
(Month, day, year) Jan. 6, 19106. Sex F 7. Twin or Triplet No If so—born 1st, 2nd, 3rd8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Warren Hoag11. Color or Race White 12. Age at time of THIS birth 34 yrs.13. Birthplace Strawberry Point Iowa
(City or town) (State or foreign country)14. Exact Occupation Station Agent15. Industry or Business Southern Pacific Railway

MOTHER OF CHILD

16. FULL MAIDEN NAME Willie Lois Weaver17. Color or Race White 18. Age at time of THIS birth 32 yrs.19. Birthplace Lahaville Ontario Canada
(City or town) (State or foreign country)20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by (First name) (Last name)

who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
MidwifeState of Idaho County of Custer

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 35 years of age, that I have known this person for 34 years, and thatCharlotte Luella Hoag (First name) Hoag (Last name) who attended this birth Deceased (Is now deceased) or (Cannot be located) I further

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Willie L. Hoag Signature
Only per Wash P. O. AddressSubscribed and sworn to before me this 22nd day of April, 1910

(SEAL)

Alva L. Lamb Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 24 1910 by Walter H. Hager Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

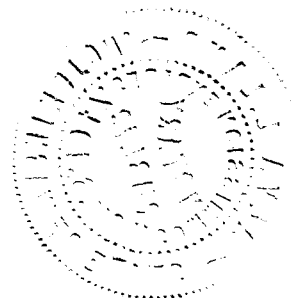
JUL 26 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

236-114-003-396

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **388845**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Blaine</u> (b) City <u>Idaho</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Crockett Home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>1</u> years <u>1</u> months <u>16</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Blaine</u> (c) City <u>Idaho</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>20</u> yrs.	
4. FULL NAME OF CHILD <u>John Telford Stoddard Jr.</u>		5. Date of Birth of Child (Month, day, year) <u>3-14-1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>John Telford Stoddard</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>23</u> yrs. 13. Birthplace <u>Richmond Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Barber</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Edna Crockett</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>20</u> yrs. 19. Birthplace <u>Preston Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Home maker</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>one</u> (b) Born alive and now living			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Utah Midwife

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 34 years, and that Dr. Aournot who attended this birth is now deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Edna Stoddard Signature
362 6th. Ave., Salt Lake City, Utah P.O. Address

Subscribed and sworn to before me this 29th day of April, 1944

(SEAL) Mac Ser Bailey, Cedar City, Utah Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. expires May 8, 1944

Received for filing on MAY 1 1944 by Mac Ser Bailey Registrar.

042888

DEC 7

SEP 4 - 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

154-229-206-165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **388848**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County Bingham (b) City Shelley (c) Street Address or R.F.D. No. Two (d) Name of Hospital or Maternity Home: Residence (e) Mothers stay BEFORE delivery: In THIS county six years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State Idaho (b) County Bingham (c) City Shelley (d) Street Address or R.F.D. No. 2 (e) How long has MOTHER lived in Idaho? 40 yrs.	
--	--	--	--

4. FULL NAME OF CHILD Ethel Margaret Andersen	5. Date of Birth of Child March 29, 1910 (Month, day, year)
---	--

6. Sex Female	7. Twin or Triplet _____	8. No. months of Pregnancy _____	9. Legitimate? _____
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FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME Anton Andersen	16. FULL MAIDEN NAME Johanna Jonasson		
11. Color or Race white	12. Age at time of THIS birth 42 yrs.	17. Color or Race white	18. Age at time of THIS birth 41 yrs.
13. Birthplace _____ (City or town) (State or foreign country)	19. Birthplace _____ (City or town) (State or foreign country)		
14. Exact Occupation Farming	20. Exact Occupation Housewife		
15. Industry or Business _____	21. Industry or Business _____		

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ who is related as _____
(Born alive, stillborn)
(First name) (Last name)
(Mother, etc.)

25. Attendant's	M.D.	Address	Date
OWN signature	Midwife		

State of Idaho	} ss.	AFFIDAVIT (To be completed when the attendant does not sign in Item 25.)
County of Bingham		

I, the undersigned, being first duly sworn, say that I am the **Father** of the person whose name appears in Item 4, above, that I am now **76** years of age, that I have known this person for **since birth** years, and that **Alice Sessions (midwife)** who attended this birth **is now deceased** I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
(First name) (Last name) (Is now deceased) or (Cannot be located)

Anton Andersen Signature
Shelley, Idaho, RFD 2 P. O. Address

Subscribed and sworn to before me this **29th** day of **April**, 19**44**
(SEAL) **L. Bodjensen** Notary Public, residing at **Shelley, Idaho**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **MAY 2 - 1944** by **Maid Helder**, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

412-105143-315

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

3888991
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Valley (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

IN THIS county years months days

4. FULL NAME OF CHILD John Gust Mahie

6. Sex Male **7. Twin or** **8. No. months**
Triplet **If so—born** **of Pregnancy**
1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME John S. Mahie
11. Color White **12. Age at time**
or Race White **of THIS birth** 34 yrs.
13. Birthplace Kanabon Finland
(City or town) (State or foreign country)
14. Exact
Occupation Farmer
15. Industry or
Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Valley
(c) City McCall
(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state)

5. Date of Birth of Child
(Month, day, year) Oct 5-1910

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Sauri
17. Color White **18. Age at time**
or Race White **of THIS birth** 35 yrs.
19. Birthplace Kanabon Finland
(City or town) (State or foreign country)
20. Exact
Occupation Housewife
21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 10 A.M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by, who is
related to this child as (First name) (Last name)

25. Attendant's (Mother, etc.)

OWN signature Maria Polo **M.D.** **Address** McCall Idaho **Date** 8-10-42

State of **County of** ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears
in Item 4, above, that I am now years of age, that I have known this person for years, and that

(First name) (Last name) (Is now deceased) or (Cannot be located) who attended this birth. I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this day of, 19.....

(SEAL)

..... Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1944 by Maria Polo, Registrar.

MAY 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **388899**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Canyon</u> (b) City <u>Emmett Ida.</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>residence</u> (e) Mothers stay BEFORE delivery: In THIS county <u>7</u> years <u>0</u> months <u>0</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Emmett</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>7</u> yrs.	
4. FULL NAME OF CHILD <u>Warren Lewis Hobson</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		5. Date of Birth of Child (Month, day, year) <u>3-2-10</u> 8. No. months of Pregnancy <u>9 mo.</u> 9. Legitimate? <u>yes</u>	
6. Sex <u>male</u> FATHER OF CHILD 10. FULL NAME <u>J. L. Lewis Hobson</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>32</u> yrs. 13. Birthplace <u>Coalville Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Ida Fuller</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth yrs. 19. Birthplace <u>Harrisburg, Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. 23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 33 years, and that Mr. Green who attended this birth cannot be located further (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jesse Lewis Hobson Signature
2815 Grant Ave Ogden Utah Address

Subscribed and sworn to before me this 5 day of May, 1944.
(SEAL) Nathan W. Bohman Notary Public, residing 570 N. 1st Ogden Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

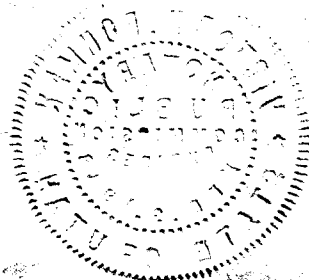
Received for filing on MAY 5 - 1944 by Mabel Elder Registrar.

MAY 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



793-215-032-218

388913

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County LINCOLN (b) City Wenbell
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Farm
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County LINCOLN
(c) City Wenbell
(d) Street Address or R.F.D. No. ON A FARM
(e) How long has MOTHER lived in Idaho? 2 mo. yrs.

4. **FULL NAME OF CHILD** Hazel Beatrice Pitts

5. Date of Birth of Child
(Month, day, year) MAY 15 1910

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ralph Earl Pitts
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Colorado
(City or town) (State or foreign country)
14. Exact Occupation Farming & Orchard work
15. Industry or Business ✓

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Glabys Arkville Saxe
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Wilkesboro Penn.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at Wenbell on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Glabys Pitts, who is related to this child as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oklahoma County of Kay ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 34 years, and that Rozanna Saxe (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Gladys Pitts Brooks Tool Signature
Blackwell, Oklahoma P. O. Address

Subscribed and sworn to before me this 28th day of April, 19 14.

Notary Public, residing at Blackwell, Oklahoma
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 - 1914 by Mary Hader Registrar.

DEC 16 1970

MAY 8 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

966-102-207-345
United States (Be sure the information is as of date of birth of THIS child) State File No. **388918**
Department of Commerce
Bureau of the Census
CERTIFICATE OF BIRTH
STATE OF IDAHO
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>BLAINE</u> (b) City <u>HAILEY</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>BORN AT HOME</u> (e) Mother's stay BEFORE delivery: <u>3</u> years <u>5</u> months <u>5</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>BLAINE</u> (c) City <u>HAILEY</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>5</u> yrs.	
4. FULL NAME OF CHILD <u>ARTHUR BRYTEN ROWLEY</u>		5. Date of Birth of Child <u>1910</u> (Month, day, year) <u>DECEMBER 2</u>	
6. Sex <u>MALE</u> 7. Twin or Triplet <u>NO</u> If so—born <u>1st, 2nd, 3rd</u>		8. No. months of Pregnancy <u>9 mos.</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>ARTHUR JAMES ROWLEY</u> 11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>22</u> yrs. 13. Birthplace <u>RANCH NEAR HAILEY</u> (City or town) (State or foreign country) 14. Exact Occupation <u>RANCHING</u> 15. Industry or Business <u>STOCK RAISING</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>MARY ETHEL CUNNINGHAM</u> 17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth <u>18</u> yrs. 19. Birthplace <u>ROSALIA</u> <u>WASHINGTON</u> (City or town) (State or foreign country) 20. Exact Occupation <u>HOUSEWIFE</u> 21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____
Midwife

State of IDAHO } **SS.** **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of BLAINE

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4 above, that I am now 31 years of age, that I have known this person for _____ years, and that Mrs. JAMES BRYTEN, who attended this birth is now deceased, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Ethel Rowley Signature
Philo. California P. O. Address

Subscribed and sworn to before me this 2 day of May, 1914
(SEAL) Florence D. Farrer Notary Public, residing at Boonville, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 9 1914 by Mary Elder, Registrar.

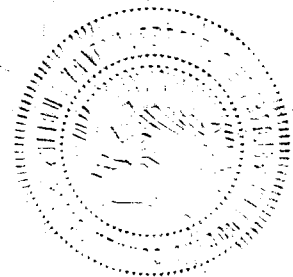
21088E

MAY 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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269-202-275-396

388959

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Idaho (b) City Kamiah
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: none
Born on farm, two miles from Kamiah
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home. days.
IN THIS county 0 years 4 month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Idaho
(c) City Kamiah (Rural)
(d) Street Address or R.F.D. No. 2 miles from Kamiah
(e) How long has MOTHER lived in Idaho? 13 yrs.
(f) Mother's mailing address Kamiah, Idaho

3. RESIDENCE of FATHER (city, state) Kamiah, Idaho

4. FULL NAME OF CHILD

Mildred Marcia Swingler

5. Date of Birth
(Month, day year) March 2, 1910

6. Sex female

7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Linden Swingler
11. Color white 12. Age at time of THIS birth 31 yrs.
13. Birthplace Wolf Creek Wisconsin
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Theresa Crowe
17. Color white 18. Age at time of THIS birth 23 yrs.
19. Birthplace Minneapolis Minnesota
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
related to this child as
(First name) (Last name)

26. (a) MAY 16 1944 (b) Mildred Swingler
(Date received) (Registrar's signature)

25. Attendant's OWN signature M.D.
(D.O., Midwife, etc.)
and address Date

27. Given name added on by
(Registrar's signature)

State of Washington } ss.
County of Spokane

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED

I, Theresa Swingler, being first duly sworn, say that I am related
to MILDRED MARCIA SWINGLER as Mother
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that Dr. Taylor, who attended
(Name of attendant at birth)
said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Theresa Crowe Swingler Signature
927 East 13th Ave., Spokane 10, Wash. P. O. Address

Subscribed and sworn to before me on this 13th day of May, 1944
(SEAL) Loraine J. Peterson Notary Public, residing at Spokane, Wash.

MAY 2 1914

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

388000

United States 793-130-026-255 (Be sure the information is complete and accurate)
 Department of Commerce
 Bureau of the Census

CERTIFICATE OF BIRTH
 STATE OF IDAHO

State File No. 388990
 Local Reg. No.
 Reg. Dist. No.

1. PLACE OF BIRTH:
 - (a) County Jefferson
 - (b) City Rigby
 - (c) Street address or R. F. D. No.
 - (d) Name of Hospital or Maternity Home: at home
 - (e) Mother's stay BEFORE delivery:
 - In Hospital or Maternity Home No hosp.
 - In THIS county 5 years 0 months 0 days
2. USUAL RESIDENCE of MOTHER: (Always fill in these)
 - (a) State Idaho
 - (b) County Jefferson
 - (c) City Rigby
 - (d) Street address or R. F. D. No.
 - (e) How long has MOTHER lived in Idaho? 5 yrs.
 - (f) Mother's mailing address (For registration notice):
Roberts, Idaho R. D. 1-
 (Street or R. F. D.) (Postoffice)
3. RESIDENCE of FATHER (City or State)
Roberts Idaho
4. FULL NAME OF CHILD Eliot H Gilchrist
5. DATE OF BIRTH May 30 1940
 (Month, day, year)

6. Sex Male
7. Twin or Triplet 0
- If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Y

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|-------------------------------|---|-------------------------------|--|
| 10. FULL NAME | <u>George Gilchrist</u> | 16. FULL MARRIED NAME | <u>Stephena Kendall</u> |
| 11. Color or Race | <u>White</u> | 17. Color or Race | <u>White</u> |
| 12. Age at time of THIS birth | <u>34</u> yrs. | 18. Age at time of THIS birth | <u>32</u> yrs. |
| 13. Birthplace | <u>Lehi Utah</u>
(City or Town) (State or foreign country) | 19. Birthplace | <u>St John Kansas</u>
(City or Town) (State or foreign country) |
| 14. Exact Occupation | <u>Owned Furniture Store</u> | 20. Exact Occupation | <u>Housewife</u> |
| 15. Industry or Business | <u>Home Furnishings</u> | 21. Industry or Business | <u>Home</u> |

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 10%
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was female at 7:30 A. M. on the date
 (born alive, stillborn)
 and at the place stated above, and that personal particulars were furnished by Stephena K Gilchrist, who is
 (First name) (Last name)
 related to this child as Mother
 (Mother, etc.)

26. (a) MAY 15 1944 (Date received)
- (b) Mary Heder (Registrar's signature)
25. Attendant's H. A. Anderson M.D. M. D.
 OWN signature (D. O., Midwife, etc.)
 and address Rigby, Idaho Date May 10 1944
27. Given name added on _____ by _____
 (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the part required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at an interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

(b) Labor: Complications: _____

_____ Induced? _____

(c) State all operations for delivery _____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes _____ No _____ Pos. _____ Neg. _____

(e) Signature of Physician: _____

294 124040-134

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **390061**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Shoshone (b) City _____

(c) Street Address or R.F.D. No. _____

(d) Name of Hospital or Maternity Home _____

(e) Mothers stay BEFORE delivery:

In THIS county 9 years _____ months _____ days _____

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Shoshone(c) City on Homestead.

(d) Street Address or R.F.D. No. _____

(e) How long has MOTHER lived in Idaho? since 1901-44 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

George Bruun

6. Sex

male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

10. FULL NAME

George Lawson Bruun

11. Color or Race

White

12. Age at time of THIS birth

42 yrs.

13. Birthplace

Illinois on farm
(City or town) (State or foreign country)

14. Exact Occupation

Labor.

15. Industry or Business

16. FULL MAIDEN NAME

Florence Nightingale

17. Color or Race

White

18. Age at time of THIS birth

32 yrs.

19. Birthplace

Homestead
(City or town) (State or foreign country)

20. Exact Occupation

House wife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by _____

(First name)

(Last name)

who is related as _____

(Mother, etc.)

25. Attendant's OWN signature

M.D. _____
Midwife _____

Address _____

Date _____

State of Idaho } ss.
County of Idaho

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,above, that I am now 65 years of age, that I have known this person for 35 years, and that_____, who attended this birth now I further

(First name)

(Last name)

(Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Florence M Bruun SignaturePottatch Idaho P. O. AddressSubscribed and sworn to before me this 8 day of May

(SEAL)

M. H. Hanson Notary Public, residing at Pottatch, Idaho

NOTARY PUBLIC for the State of Idaho

My Commission Expires Dec 3, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1944 by Mabel Helder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

100000


MAY 22 1944

MAY 24 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

363-114032-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **390065**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Lincoln</u> (b) City <u>R.F.D. Shoshone</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>(at home 17 Mi. N. of Shoshone, Ida.)</u> (e) Mothers stay BEFORE delivery: In THIS county <u>60</u> days <u>no</u> months <u>2</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Lincoln</u> (c) City <u>Shoshone R.F.D.</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>60</u> da. yrs.	
4. FULL NAME OF CHILD <u>Dale Thomas Coleman</u>		3. RESIDENCE OF FATHER (city, state) <u>Shoshone, Idaho.</u> 5. Date of Birth of Child <u>Aug. 14, 1910</u> (Month, day, year)	
6. Sex <u>male</u>	7. Twin or Triplet <u>no</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Thomas Nelson Coleman</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>32</u> yrs. 13. Birthplace <u>Ohio, USA.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Nettie May Bell</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>30</u> yrs. 19. Birthplace <u>Michigan, USA.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum.			
23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>6</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**
Midwife

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 63 years of age, that I have known this person for his life years, and that
there was no attending physician or midwife other than the above father,
(First name) (Last name) who attended this birth (Is now deceased) or (Cannot be located)
I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Mrs. Nettie Coleman Signature
Shoshone, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of May, 1944
(SEAL) Charles E. Perkins Probate Judge, Lincoln County, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Residing at Shoshone, Idaho

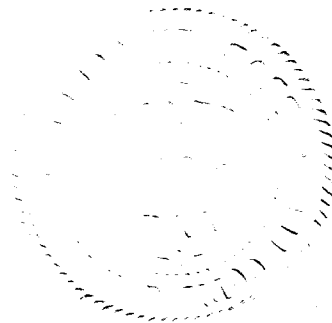
Received for filing on MAY 18 1944 by Mabel Helder Registrar.

MAY 22 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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386-214042-694

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **390100**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County... **Twin Falls** (b) City... **Castleford**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
 At Home
(e) Mothers stay **BEFORE** delivery:
 In **THIS** county **1** years **9** months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State... **Idaho** (b) County... **Twin Falls**
(c) City... **Castleford**
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? **Two** yrs.

4. **FULL NAME OF CHILD** **Gladys Margaret Thomas**

5. Date of Birth of Child
(Month, day, year) **12/14/10**

6. Sex **Female**
7. Twin or Triplet
If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9**
9. Legitimate? **yes**

FATHER OF CHILD

10. **FULL NAME** **John M. Thomas**
11. Color **White** 12. Age at time of THIS birth **32** yrs.
13. Birthplace **Spanish Fork Utah**
(City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business **Farming**

MOTHER OF CHILD

16. **FULL MAIDEN NAME** **Ann Elizabeth Ormond**
17. Color **White** 18. Age at time of THIS birth **27** yrs.
19. Birthplace **Eureka, Utah**
(City or town) (State or foreign country)
20. Exact Occupation **Housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child **Three** (b) Born alive and now living **Three**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)
25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of **Idaho** } ss.
County of **Twin Falls**

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now **60** years of age, that I have known this person for **33** years, and that
Mrs. George Boynton who attended this birth **Deceased** I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Ann Elizabeth Thomas Signature
701-11th Ave, Buhl, Idaho P. O. Address

Subscribed and sworn to before me this **22nd** day of **May**, 19 **44**
(SEAL) **J. L. Shaffer** Notary Public, residing at **Buhl, Idaho**.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **MAY 26 1944** by **Mabel Helder** Registrar.

001005

MAY 31 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

653 215021-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 390101
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 2 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
3. **RESIDENCE OF FATHER** (city, state) Preston, Idaho

4. **FULL NAME OF CHILD** Rhoda Anna Wells
5. Date of Birth of Child (Month, day, year) 15 July 1910

6. Sex F
7. Twin or Triplet -- If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Reg.
9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Ephraim Wells
11. Color or Race Wh. 12. Age at time of THIS birth 43 yrs.
13. Birthplace England (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Sisely Kershaw
17. Color or Race White 18. Age at time of THIS birth 42 yrs.
19. Birthplace England (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child. (b) Born alive and now living.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name) who is related as.....(Mother, etc.) Dr. Allen Cutler now deceased
25. Attendant's OWN signature M.D. Address Date Midwife

- State of Idaho } ss.
County of Cassia }
- (To be completed when the attendant does not sign in Item 25.)
- I, the undersigned, being first duly sworn, say that I am the.....sister.....of the person whose name appears in Item 4, (Mother, etc.) above, that I am now 52 years of age, that I have known this person for 34 years, and that Dr. Allen Cutler who attended this birth is dead. I further (First name) (Last name) (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

- Margaret Wells Beck Signature
Burley, Idaho P. O. Address
- Subscribed and sworn to before me this 22nd day of May, 1944.
- (SEAL) Henry H. Lusk Notary Public, residing at Burley, Ida
- (Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

- Received for filing on MAY 26 1944 by Mabel H. Lusk Registrar.

MAY 31 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

993-225028-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **390151**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **Shoshone** (b) City **Garwood**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State **Idaho** (b) County **Shoshone**
(c) City **Garwood**
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? **6** yrs.

4. **FULL NAME OF CHILD** **Wanda Lucile Rickman**

5. Date of Birth of Child
(Month, day, year) **Feb. 25-1910**

6. Sex **Female** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? **yes**

FATHER OF CHILD

10. **FULL NAME** **Lyman Thomas Rickman**
11. Color **white** 12. Age at time of THIS birth **34** yrs.
13. Birthplace **Attumwa, Iowa** (City or town) (State or foreign country)
14. Exact Occupation **Laborer**
15. Industry or Business **Timber worker**

MOTHER OF CHILD

16. **FULL MAIDEN NAME** **Ellen Frances Brown**
17. Color **white** 18. Age at time of THIS birth **23** yrs.
19. Birthplace **Long Island, Kansas** (City or town) (State or foreign country)
20. Exact Occupation **House wife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child **4** (b) Born alive and now living **yes**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
who is related as (Mother, etc.) **Lady who attended Tom deceased**

25. Attendant's OWN signature M.D. Address Date
Midwife

State of **Washington** ss.
County of **Spokane**

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4, above, that I am now **76** years of age, that I have known this person for **34** years, and that **Leavina (Grand mother) Rickman** who attended this birth **is dead** I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen Frances Rickman Meek Signature
Otis Orchard, Box 99 - Wash. Address

Subscribed and sworn to before me this **26th** day of **May**, 19**44**
(SEAL) **John D. Run** Notary Public, residing at **Otis Orchard, Wash.**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

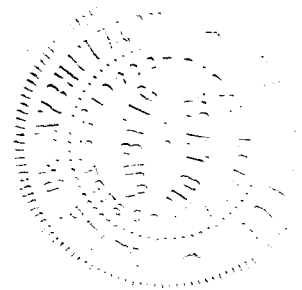
Received for filing on **MAY 29 1944** by **Mabel Helder** Registrar.

JUN 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

689 112014 213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **390156**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Canyon Co.</u> (b) City <u>Parma</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>11</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Parma</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>11</u> yrs.	
4. FULL NAME OF CHILD <u>Dr. Arthur Harvey W. Hippel</u>		5. Date of Birth of Child (Month, day, year) <u>Dec 12, 1910</u>	
6. Sex <u>Male</u> 7. Twin or Triplet If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>David E. Athem W. Hippel</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>27</u> yrs. 13. Birthplace <u>Keosauqua, South Dakota</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Restaurant Cook</u> 15. Industry or Business <u>Cook</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Willie Vay Hatcher</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>18</u> yrs. 19. Birthplace <u>Waukegan, Washington</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Midwife

AFFIDAVIT

State of Oregon ss.
County of Multnomah

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 52 years of age, that I have known this person for 33 years, and that
Dr. Arthur Harvey W. Hippel who attended this birth cannot be located I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Willie Vay W. Hippel Signature
P. O. Address

Subscribed and sworn to before me this 26th day of May, 1944
(SEAL) G. G. W. Wikander Notary Public for State of Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) MY COMMISSION EXPIRES MAR. 1, 1947

Received for filing on MAY 31 1944 by Mabel Elder Registrar.

JUN 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

452-211-003-251

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **390188**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County **(Pocatello)** (b) City **Pocatello**
(c) Street Address or R.F.D. No. **none**
(d) Name of Hospital or Maternity Home: **midwife (neighbor)**
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years **2** months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** **Dorothea Desmond**
5. Date of Birth of Child (Month, day, year) **Jan. 11, 1940**
6. Sex **Female** 7. Twin or Triplet **no** If so—born 1st, 2nd, 3rd **1st** 8. No. months of Pregnancy **9** 9. Legitimate? **yes**

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|-------------------------------|---|-------------------------------|---|
| 10. FULL NAME | Thomas Desmond | 16. FULL MADDEN NAME | Martha Beacklehourst |
| 11. Color or Race | white | 17. Color or Race | white |
| 12. Age at time of THIS birth | 36 yrs. | 18. Age at time of THIS birth | 38 yrs. |
| 13. Birthplace | Ponka (Res.) Nebraska
(City or town) (State or foreign country) | 19. Birthplace | Charleston Utah
(City or town) (State or foreign country) |
| 14. Exact Occupation | carpenter | 20. Exact Occupation | Housewife |
| 15. Industry or Business | none | 21. Industry or Business | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child **none** (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)
25. Attendant's OWN signature M.D. Address Date
(Multnomah) Oregon
Mul tnomah ss.

AFFIDAVIT

- (To be completed when the attendant does not sign in Item 25.)
- I, the undersigned, being first duly sworn, say that I am the **father** of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now **71** years of age, that I have known this person for **71** years, and that
the neighbor who attended this birth **is now deceased** I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Thomas Desmond Signature
1125 S.W. 13th avenue P. O. Address

Subscribed and sworn to before me this **23** day of **May**, 19**44**
(SEAL) **A. A. Bimby, City Clerk by E. Arthur Deputy**, Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on.....by **Mary Holder** Registrar.

JUN 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

271-227-004-844

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **390199**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **BEAR LAKE** (b) City **DINGLE**
(c) Street Address or R.F.D. No. **NONE**
(d) Name of Hospital or Maternity Home:
BORN AT HOME
(e) Mothers stay **BEFORE** delivery:
In **THIS** county **45** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **IDAHO** (b) County **BEAR LAKE**
(c) City **DINGLE**
(d) Street Address or R.F.D. No. **NONE**
(e) How long has **MOTHER** lived in Idaho? **25** yrs.

4. FULL NAME OF CHILD

MURNA LOGEAN SPARKS

5. Date of Birth of Child

(Month, day, year) **10/27/1910**6. Sex **FEMALE**

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9**9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME **THOMAS ERNEST SPARKS**
11. Color or Race **WHITE** 12. Age at time of THIS birth **24** yrs.
13. Birthplace **DINGLE-IDAHO**
(City or town) (State or foreign country)
14. Exact Occupation **MACHINE ST**
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME **HANNAH LOUISE HUMPHREYS**
17. Color or Race **WHITE** 18. Age at time of THIS birth **25** yrs.
19. Birthplace **PARIS IDAHO**
(City or town) (State or foreign country)
20. Exact Occupation **HOUSEWIFE**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child **1** (b) Born alive and now living **5**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Midwife

State of **OREGON** ss.
County of **Multnomah**

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now **58** years of age, that I have known this person for **33** years, and that
who attended this birth **is now deceased** I further
(First name) (Last name)
(Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

X Hannah Louise Sparks Signature
8802 N Victory apt 26 St Vancouver Ore P.O. Address

Subscribed and sworn to before me this **15th** day of **June**, 19**44**.

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public, residing at **Portland, Ore.**
NOTARY PUBLIC FOR OREGON

Received for filing on **JUN 6 1944** by **Mabel H. L. L.** COMMISSION EXPIRES JULY 7, 19**44**

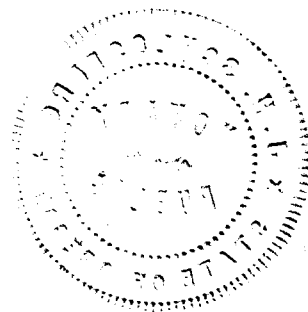
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 31 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

555 111 066 521

United States

Department of Commerce

Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

390202

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:

(a) County Bingham (b) City Woodville
(c) Street address or R. F. D. No. 1 Shelley
(d) Name of Hospital or Maternity Home at home
(e) Mother's stay BEFORE delivery: at home
In Hospital or Maternity Home _____ Days
In THIS County 2 years _____ months _____ days

2. USUAL RESIDENCE of MOTHER (Always fill in these)

(a) State Idaho (b) County Bingham
(c) City Woodville
(d) Street address or R. F. D. No. R. 1 Shelley
(e) How long has MOTHER lived in Idaho? 36 yrs.
(f) Mother's mailing address (for registration notice):
Shelley R. F.
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD

Oliver L. Everett

5. DATE OF BIRTH

(Month, day, year) 12-11-1910

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Le Roy Everett
11. Color or Race white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Utah
(City or Town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business at home

MOTHER OF CHILD

16. FULL MAIDEN NAME Malina Ekanger
17. Color or Race white 18. Age at time of THIS birth 30 yrs.
19. Birthplace Norway
(City or Town) (State or foreign country)
20. Exact Occupation Housekeeping
21. Industry or Business at home

22. Was a standard serological test for syphilis performed? Yes _____ No _____ Approximate date _____
23. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%
24. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

25. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 3 A.M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Malina Carlson, who is related to this child as Mother
(First name) (Last name)
(Mother, etc.)

27. (a) JUN 6 1944 (b) [Signature]
(Date received) (Registrar's signature)

26. Attendant's OWN signature Edwin Carter, M. D.
(D.O., Midwife, etc.)
and address Shelley Date 5.21-44

28. Given name added on _____ by _____
(Registrar's signature)

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there ~~be no attending physician or midwife~~, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

(b) Labor: Complications: _____

_____ Induced? _____

(c) State all operations for delivery _____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(e) Signature of Physician: _____

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

231 202041-175

390203

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Leton (b) City Cora
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mothers stay **BEFORE** delivery:
In THIS county Leton years 20 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Leton
(c) City Cora
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

4. **FULL NAME OF CHILD** Carol Margaret Stanfield

5. Date of Birth of Child
(Month, day, year) July 2, 1910

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Abraham Lincoln Stanfield
11. Color or Race White 12. Age at time of THIS birth 48 yrs.
13. Birthplace Hillsboro Oregon
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Sylvia May Gee
17. Color or Race White 18. Age at time of THIS birth 38 yrs.
19. Birthplace Macminnail Oregon
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's **OWN** signature..... M.D. Address Date
Midwife

State of Montana } ss.
County of Cascade

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 81 years of age, that I have known this person for 33 years, and that
Carol M. who attended this birth in now deceased. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Abraham L. Stanfield
1504-4th Ave South P.O. Address

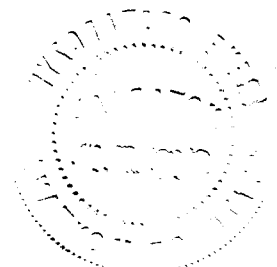
Subscribed and sworn to before me this 9th day of June, 1943
(SEAL) Lrene Obstarogk Notary Public, residing at Great Falls, Mont.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 6 1944 by Mabel Helder Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

251 114044-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **390215**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County **Washington** (b) City **Cambridge**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **at home**
(e) Mothers stay BEFORE delivery:
In THIS county **2** years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State **Idaho** (b) County **Washington**
(c) City **Cambridge**
(d) Street Address or R.F.D. No. **--**
(e) How long has MOTHER lived in Idaho? **2** yrs.

4. FULL NAME OF CHILD **Cecil Nile Bearden**
7. Twin or Triplet **no** If so—born 1st, 2nd, 3rd **--**
6. Sex **Male**

3. RESIDENCE OF FATHER (city, state) **Cambridge, Idaho.**
5. Date of Birth of Child (Month, day, year) **May 14, 1910**
8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD
10. FULL NAME **John Ervin Bearden**
11. Color or Race **white** 12. Age at time of THIS birth **36** yrs.
13. Birthplace **Missouri** (City or town) (State or foreign country)
14. Exact Occupation **Farmer**
15. Industry or Business **Farm**

MOTHER OF CHILD
16. FULL MAIDEN NAME **Hester Ann Gaines**
17. Color or Race **white** 18. Age at time of THIS birth **33** yrs.
19. Birthplace **Tenn.** (City or town) (State or foreign country)
20. Exact Occupation **House wife.**
21. Industry or Business **Home**

22. Name prophylactic used to prevent Ophthalmia Neonatorum. **--**
23. Number of children of this mother: (a) At time of birth and including this child **6** (b) Born alive and now living **6**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of **Washington**
County of **Clallam** } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now **67** years of age, that I have known this person for **since birth** years, and that
The midwife who attended this birth **can not be located** I further
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Hester Ann Bearden

610 South D St. Port Angeles, Wash.

Signature
P. O. Address

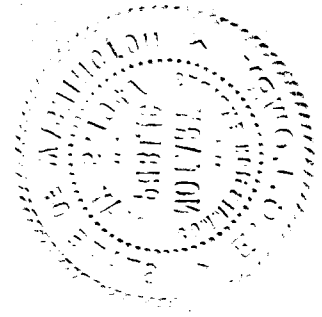
Subscribed and sworn to before me this **29th** day of **May**, 19 **44**
(SEAL) *E. J. Houry* Notary Public, residing at **Port Angeles, Washington.**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **JUN 1 1944** by *Mabel F. Elder* Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

793-220022-763

390271

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Tremont (b) City Chester
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 20 years 5 months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Tremont
(c) City Chester
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
3. **RESIDENCE OF FATHER** (city, state) Chester, Idaho

4. **FULL NAME OF CHILD** Lula M. Gilbert
5. Date of Birth of Child Sept 20, 1910
(Month, day, year)
6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Thomas H. Gilbert
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Nashville Tenn.
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Julia D. Potter
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Albion Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 4 A. M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Julia P. Gilbert
(First name) (Last name)
who is related as Mother
(Mother, etc.)
25. Attendant's S. P. Hargis M.D. Address Ashton, Idaho Date 9-1-1944
OWN signature S. P. Hargis **Midwife**

State of Idaho ss.
County of Idaho

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4;
(Mother, etc.)
above, that I am now _____ years of age, that I have known this person for _____ years, and that
_____, who attended this birth. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____.

(SEAL)

_____, Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by Mabel Helder Registrar.

JUN 9 1944

JUN 13 1914

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

789-122001-843

390355

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1412 River St.
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay BEFORE delivery:
In THIS county years 2 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1412 River St.
(e) How long has MOTHER lived in Idaho? 28 yrs.

4. FULL NAME OF CHILD JOHN WILLIAM PHILLIPS

5. Date of Birth of Child
(Month, day, year) December 22, 1910

6. Sex Male 7. Twin or Triplet -- If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

MOTHER OF CHILD

10. FULL NAME John Morgan Phillips
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Llanelly, Wales
(City or town) (State or foreign country)
14. Exact Occupation Locomotive Engineer
15. Industry or Business U. P. R. R. Co.

16. FULL MAIDEN NAME Mary Ellen Hull
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Eagle Rock, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's signature OWN M.D. Address Date
Midwife

State of Idaho } ss.
County of Ada

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 33 years, and that

Dr. L. P. McCalla (First name) (Last name) who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 20th day of June n, 19 44

(SEAL)

Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 21 1944 by Walter Helder Registrar.

SEP 13 1944

JUN 21 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

515 204 003 238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **390371**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County Bannock (b) City Downey (c) Street Address or R.F.D. No. None (d) Name of Hospital or Maternity Home: at home (e) Mothers stay BEFORE delivery: In THIS county 21 years 6 months 23 days	2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State (b) County (c) City (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? yrs.
--	---

4. FULL NAME OF CHILD Carmen Cathrine Naef	5. Date of Birth of Child (Month, day, year) 3 - 4 - 1910
--	--

6. Sex female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 2nd	8. No. months of Pregnancy 9 9. Legitimate? yes
--	---

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME Charles Daniel Naef	16. FULL MAIDEN NAME Kate Scheibel		
11. Color or Race White 12. Age at time of THIS birth 25 yrs.	17. Color or Race white 18. Age at time of THIS birth yrs.		
13. Birthplace Providence Utah (City or town) (State or foreign country)	19. Birthplace Pleasant Valley Utah (City or town) (State or foreign country)		
14. Exact Occupation Farmer	20. Exact Occupation House Keeper		
15. Industry or Business Farming	21. Industry or Business Farmers Wife		

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **yes**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**
Midwife

State of **Idaho** } ss.
County of **Bannock** }

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now **54** years of age, that I have known this person for **33 34** years, and that
had no attendants who attended this birth. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Subscribed and sworn to before me this **14** day of **JUNE**, 19**44**
My Commission Expires **Oct. 1, 1945**
(SEAL) **W. Dickmore** Notary Public, residing at **Downey, Ida.**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 19-914, Idaho Code Annotated.)

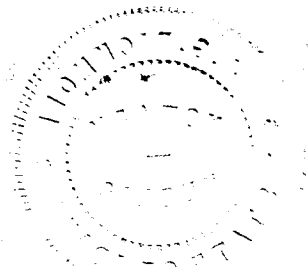
Received for filing on **JUN 20 1944** by **Mabel Helder** Registrar.

JUN 20 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



844-149-013-446

391453

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Camas (b) City Corral
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Camas
(c) City Corral
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.
3. **RESIDENCE OF FATHER** (city, state) Corral, Idaho.

4. **FULL NAME OF CHILD** John Kenneth Humphreys
5. Date of Birth of Child (Month, day, year) Oct. 19, 1910
6. Sex Male 7. Twin or Triplet 0 If so—born 1st, 2nd, 3rd 4 8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** William Henry Humphreys
11. Color White 12. Age at time of THIS birth 48 yrs.
13. Birthplace Richardville Penna. (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Emma Elizabeth Zufall
17. Color White 18. Age at time of THIS birth 37 yrs.
19. Birthplace Brookville Penna. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Camas }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 33 years, and that

Dr. Minnis (First name) (Last name), who attended this birth Cannot be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma E. Humphreys Signature
Corral Idaho P. O. Address

Subscribed and sworn to before me this 20th day of June, 1944
(SEAL) Chas. P. Shoggin Notary Public, residing at Hailey, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUN 23 1944 by Malcolm H. Elder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

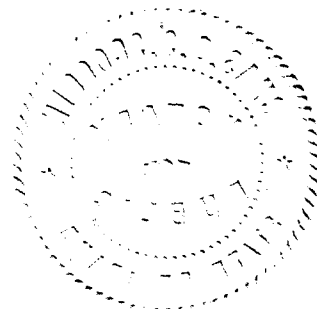
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JUN 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



281-226-031-219
United States
Department of Commerce
Bureau of the Census JUN 23 1944

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File 391467
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City NezPerce
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
Family Residence
(e) Mothers stay BEFORE delivery:
In THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City NezPerce
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 8 yrs.

4. FULL NAME OF CHILD Zella Ada Shaffer
5. Date of Birth of Child (Month, day, year) June, 26, 1910
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Lee Robert Shaffer
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Leadville, Colorado (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD
16. FULL MAIDEN NAME Anna Minton Barbee
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Savannah, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Canyon

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 67 years of age, that I have known this person for 33 years, and that
Dr. H. Greg who attended this birth is now deceased I further
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Lee Robert Shaffer Signature

P. O. Address

Subscribed and sworn to before me this 13th day of June, 1944

(SEAL)

Notary Public, residing at Calhoun

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 24 1944 by Mabel Helder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

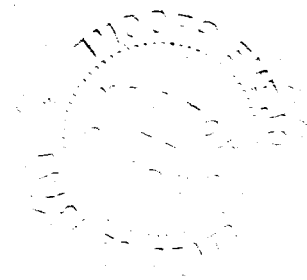
NOV 25 1974

DEC 3 1974
MAR 18 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIVE-CENT postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

693-124-001-692 (Be sure the information is as of date of birth of THIS child.)
United States
Department of Commerce
Bureau of the Census
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **391471**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>813 Harrison Blvd.</u> (d) Name of Hospital or Maternity Home: <u>CASWELL MATERNITY HOME</u> (e) Mothers stay BEFORE delivery: In THIS county <u>ADA</u> years <u>14</u> months <u>6</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>14</u> yrs.	
4. FULL NAME OF CHILD <u>Thomas George Wilson</u>		5. Date of Birth of Child (Month, day, year) <u>August 24, 1910</u>	
6. Sex <u>male</u> 7. Twin or Triplet 8. No. months of Pregnancy <u>9</u>		9. Legitimate? <u>yes</u>	
10. FULL NAME <u>Thos Wilson</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>32</u> yrs. 13. Birthplace <u>Boise Idaho</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business		16. FULL MAIDEN NAME <u>May Tucker</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>29</u> yrs. 19. Birthplace <u>Cah Lake South Dakota</u> (City or town) (State or foreign country) 20. Exact Occupation <u>housewife</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>six</u> (b) Born alive and now living <u>five</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature **M.D.** **Address** **Date**

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 62 yrs years of age, that I have known this person for 33 yrs 9 mos 28 days years, and that
Dr. George Ballister who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

May Wilson Signature
P. O. Address

Subscribed and sworn to before me this 22nd day of June, 1944
(SEAL) B M Hartley Notary Public, residing at Hamperda
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

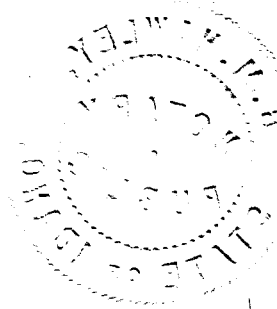
Received for filing on JUN 24 1944 by Mabel Holder Registrar.

JUN 2 8 1911

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

747-126-004-695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

391492
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Fish Haven
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Fish Haven
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 35 yrs.

4. FULL NAME OF CHILD Ross Pugmire

5. Date of Birth of Child (Month, day, year) Oct. 26, 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Justin Pugmire
11. Color White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Fillmore Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Elizabeth Winterbottom
17. Color White 18. Age at time of THIS birth 39 yrs.
19. Birthplace Manchester England
(City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Utah
County of Salt Lake ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 34 years, and that Dr. Richards who attended this birth cannot be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 20th day of June, 1911
(SEAL) Ben B. Bagley, Notary Public, residing at McAdams, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on JUN 27 1911 by Mabel Fielder, Registrar.

JUN 2 1911

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, ~~has not been recorded, or in case of failure to report any birth~~ which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **391518**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Route 4
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years 4 months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Route 4
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Lillie Lucille Marshall
5. Date of Birth of Child (Month, day, year) 6/29/10
6. Sex female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____ 8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Daniel C. Marshall
11. Color or Race white 12. Age at time of THIS birth 42 yrs.
13. Birthplace Pennsylvania
(City or town) _____ (State or foreign country) _____
14. Exact Occupation farmer
15. Industry or Business _____
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Finis Susan Taylor
17. Color or Race white 18. Age at time of THIS birth 39 yrs.
19. Birthplace Colorado
(City or town) _____ (State or foreign country) _____
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 9:25 P. M. on the date _____
(Born alive, stillborn) _____
and at the place stated above, and that personal particulars were furnished by Ellen Marshall Clark
(First name) _____ (Last name) _____
who is related as sister
(Mother, etc.) _____
25. Attendant's OWN signature John Baick M.D. _____ Address Boise Idaho Date July 6-1944
Midwife _____

State of _____ ss.
County of _____

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4,
(Mother, etc.) _____
above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth, _____ I further
(First name) _____ (Last name) _____ (Is now deceased) or (Cannot be located) _____
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____.

(SEAL)

_____, Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 1944 by Mary Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7701 9 700

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DECEASED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

712-225-001-255

391551

391551

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St. Alphonsus Hospital
(e) Mothers stay BEFORE delivery:
In THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Oreana
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.
3. RESIDENCE OF FATHER (city, state) Oreana, Idaho

4. FULL NAME OF CHILD Pilar Gabica
7. Twin or Triplet
8. Sex Female If so—born 1st, 2nd, 3rd

5. Date of Birth of Child (Month, day, year) 10-25-10
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME Victor Gabica
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Ereno, Spain (City or town) (State or foreign country)
14. Exact Occupation Woolgrower and Farmer
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Micaela Bengochea
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Ybarranguelua, Spain (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as (Mother, etc.)
25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 64 years of age, that I have known this person for 33 years, and that
Dr. George R. Collister is now deceased who attended this birth (First name) (Last name)
(Is now deceased) or (Cannot be located) I further
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Victor Gabica Signature
118 West Jeff. Boise, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of July, 1944
(SEAL) Randall Wallis Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 26 1944 by Mabel Helder Registrar.

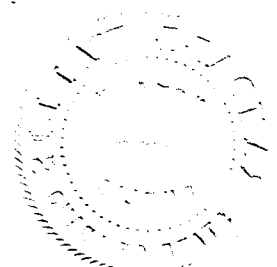
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JUL 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **391640**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bonneville (b) City Milo Ward
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bonneville
(c) City Milo Ward
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 25 yrs.

4. FULL NAME OF CHILD

Glenn B. Thomas

5. Date of Birth of Child

(Month, day, year) Sept. 18, 1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME John J. Thomas
11. Color or Race white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Spanish Fork Utah
(City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Bybee
17. Color or Race white 18. Age at time of THIS birth 25 yrs.
19. Birthplace Meridian Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature Idaho Canyon M.D. Address Date
Midwife

AFFIDAVIT

To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 59 years of age, that I have known this person for 33 years, and that
Josephine Thompson who attended this birth is now deceased
(First name) (Last name) I further
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Ida Campbell Signature
Parma Idaho P. O. Address

Subscribed and sworn to before me this 6 day of July, 1941.
(SEAL) Thomas A. Neekland Notary Public, residing at Parma, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 7 1944 by Mabel Helder Registrar.

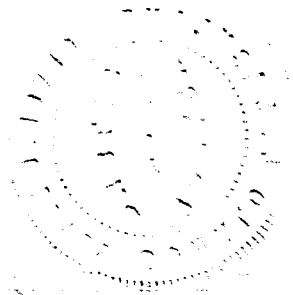
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1961 8 700

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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766-224-014-619

391690

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. R.F.D. 2
(d) Name of Hospital or Maternity Home:
Child born at home
(e) Mother's stay BEFORE delivery:
IN THIS county 6 years . months . days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. R.F.D. 2
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Same as mother

4. FULL NAME OF CHILD Edna Alice Goodale

5. Date of Birth of Child
(Month, day, year) Dec. 24, 1910

6. Sex Female 7. Twin or Single If so—born
Triplet 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Cliff Goodale
11. Color White 12. Age at time of THIS birth 23 yrs.
13. Birthplace Prescott Michigan
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Waigand
17. Color White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Chicago Illinois
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10:00 P.M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Martha Waigand, who is
related to this child as mother.
(First name) (Last name)

25. Attendant's OWN signature (Mrs) Angie Moore ~~XXXX~~ Attending Nurse (Berkeley, California)
Address 2275 Eunice St. Date 7th. July 1944

State of California ss.
County of Contra Costa

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 56 years of age, that I have known this person for 33 years, and that
Dr. R. W. Quick who attended this birth cannot be located. I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

(Mrs) Martha Goodale Signature
Route 1, Box 580, Lafayette, Calif. P.O. Address
Subscribed and sworn to before me this 7th day of July, 1944.
(SEAL) D. C. Sullivan Notary Public, residing at Lafayette, California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-912, Idaho Code Annotated) COMMISSION EXPIRES JAN. 22, 1945

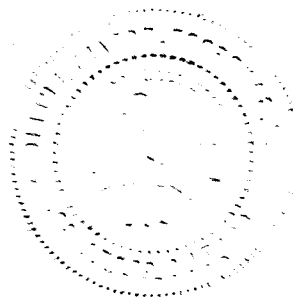
Received for filing on JUL 13 1944 by Mary Polgar Registrar.

JUL 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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665-227-001122

391711

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

JUL 1 1944

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 743 E. Jefferson
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 743 E. Jeff
(e) How long has **MOTHER** lived in Idaho? yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Mildred Ellen Owen
5. Date of Birth of Child (Month, day, year) 12-27-1910
6. Sex F 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Glyde W. Owen
11. Color or Race W 12. Age at time of THIS birth 30 yrs.
13. Birthplace Canada
(City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Anna J. Abbott
17. Color or Race W 18. Age at time of THIS birth 22 yrs.
19. Birthplace Washington
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 20% Argylol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at --- M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by --- who is related to this child as ---
(First name) (Last name)

25. Attendant's Mary A. Callaway M.D. Midwife Address Boise, Idaho Date July 13-44
OWN signature

State of..... ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.
County of.....

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that
(First name) (Last name) (Mother, etc.)
....., who attended this birth..... I further state that
(Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this day of, 19.....

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 17 1944 by John H. H. Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Dup of 1910-170937 and 1910-146085

DELAYED 4-4-37

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

346 225 040-595

391714

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Shoshone</u> (b) City <u>Enaville</u> (c) Street Address or R.F.D. No. <u>Box 16</u> (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county <u>6</u> years <u>6</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Shoshone</u> (c) City <u>Enaville</u> (d) Street Address or R.F.D. No. <u>Box 16</u> (e) How long has MOTHER lived in Idaho? <u>29</u> yrs.	
4. FULL NAME OF CHILD <u>Sigrid Luoma</u>		5. Date of Birth of Child (Month, day, year) <u>August 25, 1910</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u> </u>	8. No. months of Pregnancy <u> </u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>John Luoma</u>		16. FULL MAIDEN NAME <u>Lena Niemi</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>40</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>39</u> yrs.
13. Birthplace <u>Finland</u> (City or town) <u>Foreign Country</u> (State or foreign country)		19. Birthplace <u>Finland</u> (City or town) <u>Foreign Country</u> (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Farmer</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>6</u> (b) (Born <u>6</u> alive) and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 12 P.M. on the date July 19, 1911 (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mrs. Amalia Hill (First name) (Last name)
who is related as Friend (Mother, etc.)

25. Attendant's OWN signature Mrs. Amalia Hill **Midwife**

Address

Kellogg Ida. **Date** July 19, 1911

State of.....
County of..... **ss.**

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the..... of the person whose name appears in **Item 4**,
above, that I am now..... years of age, that I have known this person for..... years, and that
....., who attended this birth..... I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under **Chapter 139**,
1937 Session Laws.

..... **Signature**

..... **P. O. Address**

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL)

..... **Notary Public, residing at**.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 17 1911 by Mabel Helder, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

942-115030-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

391715

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)

(a) County LEMHI (b) City SALMON
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: MATERNITY HOME
(e) Mother's stay BEFORE delivery:
IN THIS county 30 years - months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State IDAHO (b) County LEMHI
(c) City JUNCTION
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME

OF CHILD JOSEPH DAVID RUSK

6. Sex MALE 7. Twin or Triplet If so - born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME WILLIAM DAVID RUSK
11. Color or Race WHITE 12. Age at time of THIS birth 41 yrs.
13. Birthplace MINERSVILLE MISSOURI
(City or town) (State or foreign country)
14. Exact Occupation PANCHER
15. Industry or Business _____

5. Date of Birth of Child

(Month, day, year) OCT. 15 - 1910

8. No. months of Pregnancy _____ 9. Legitimate? YES

MOTHER OF CHILD,

16. FULL MAIDEN NAME LELIA DAYIALS
17. Color or Race WHITE 18. Age at time of THIS birth 30 yrs.
19. Birthplace JUNCTION IDAHO
(City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child NINE (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name)

(Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife Address

Date

State of IDAHO
County of LEMHI } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 34 years, and that

DR. WRIGHT (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William D Rusk
Leedorr Ida

Signature

P. O. Address

Subscribed and sworn to before me this 11 day of July, 19 44

(SEAL)

May V. Storr Notary Public, residing at Leedorr

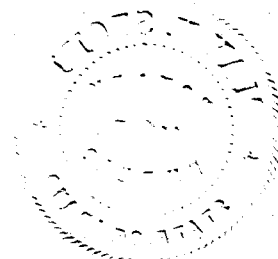
Received for filing on JUL 17 1944 by May V. Storr, Registrar.

JUL 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

469 108 022 819

391730

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Fremont (b) City Salem
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home Family Home

(e) Mothers stay **BEFORE** delivery:
In **THIS** county 29 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Fremont
(c) City Salem
(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Salem Idaho

4. FULL NAME OF CHILD Elmer Guald Mortensen

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME Peter Mortensen

11. Color or Race White 12. Age at time of THIS birth 36 yrs.

13. Birthplace Denmark
(City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business Farming

5. Date of Birth of Child (Month, day, year) Nov. 8 - 1910

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Mary Harris

17. Color or Race White 18. Age at time of THIS birth 29 yrs.

19. Birthplace Utah
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Madison

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 63 years of age, that I have known this person for 29 years, and that

Mary Ann Wells who attended this birth now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Subscribed and sworn to before me this 13 day of July, 1944
(SEAL) W. C. Stewart Notary Public, residing at Reensburg, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 18 1944 by Mabel Helder Registrar.

MAY 1 1973

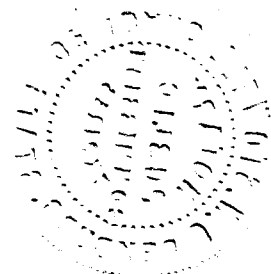
JUL 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 131, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED



289 227 033-599

392817

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH

(a) County Madison (b) City Salem
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: _____

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home. _____ days.
IN **THIS** county 66 years month days

4. FULL NAME OF CHILD Lavinia Grace Shirley

6. Sex female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

FATHER OF CHILD

10. FULL NAME James Frederick Shirley

11. Color White 12. Age at time of THIS birth 37 yrs.

13. Birthplace Mill Creek Salt Lake City
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 11
(c) Born alive and now dead _____ (d) Stillborn _____

24. I HEREBY CERTIFY That I attended the birth of this child, who was ✓ at _____ P. M. on the date _____ (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Alice Hansen, who is related to this child as Amnt (Mother, etc.) (First name) (Last name)

26. (a) JUL 21 1944 (b) John H. Haden
(Date received) (Registrar's signature)

27. Given name added on _____ by _____ (Registrar's signature)

State of Idaho
County of Madison

I, Sarah Frances V. Shirley, being first duly sworn, say that I am Mother (Related to (or) acquainted with)
Lavinia Grace Shirley as Mother (State relationship or acquaintance), whose birth certificate

appears above, and that I desire to have the said birth recorded under Chapter 139, 1933, Laws of Idaho; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. P. Shupe (Name of attendant at birth), who attended

said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 18 day of July 1944
(SEAL) Sarah Frances V. Shirley Signature
Perbury Ida P. O. Address
Idaho Notary Public, residing at

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Madison
(c) City Salem
(d) Street Address or R.F.D. No. 2

(e) How long has **MOTHER** lived in Idaho? 68 yrs.

(f) Mother's mailing address Perbury #2 Idaho

3. RESIDENCE of FATHER (city, state) Deceased

5. Date of Birth _____
(Month, day year) April 27th 1910

8. No. months of Pregnancy nine 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Frances Virgin

17. Color White 18. Age at time of THIS birth 34 yrs.

19. Birthplace St Charles Bear Lake Idaho
(City or town) (State or foreign country)

20. Exact Occupation Housewife (Mother eleven children)

21. Industry or Business Farming

25. Attendant's OWN signature Alice Hansen (M.D., Midwife, etc.)

and address _____ Date _____

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

JUL 22 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County Bingham	(b) City Blackfoot	(a) State Idaho	(b) County Bingham
(c) Street Address or R.F.D. No.		(c) City Blackfoot	
(d) Name of Hospital or Maternity Home: Child delivered at home		(d) Street Address or R.F.D. No.	
(e) Mothers stay BEFORE delivery: In THIS county 8 years months days		(e) How long has MOTHER lived in Idaho? yrs.	

4. FULL NAME OF CHILD Lester Lowell Carruth	5. Date of Birth of Child (Month, day, year) April 22, 1910
6. Sex Male	8. No. months of Pregnancy 9
7. Twin or Triplet	9. Legitimate? Yes
If so—born 1st, 2nd, 3rd	

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME Joseph Theron Carruth	16. FULL MAIDEN NAME Sara Juliet Hodson	17. Color White	18. Age at time of THIS birth 31 yrs.
11. Color or Race White	12. Age at time of THIS birth 35 yrs.	19. Birthplace Coalville, Utah	(City or town) (State or foreign country)
13. Birthplace Coalville, Utah		20. Exact Occupation Homemaker	
14. Exact Occupation Cashier		21. Industry or Business	
15. Industry or Business Consolidated Wagon & Machine Co.			

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child **3** (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name) who is related as.....(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of **California** } ss.
County of **Alameda** }

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears in Item 4, above, that I am now **65** years of age, that I have known this person for **34** years, and that **Mr Mitchell** who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this **20th** day of **July**, 19**44**.
My Commission Expires January 20, 194**5**
(SEAL) **O. E. Mitchell** Notary Public, residing at **Oakland Calif**
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

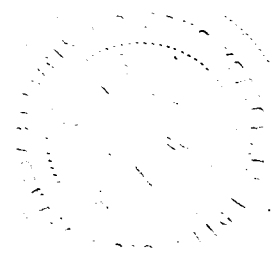
JUL 28 1944

JUL 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

141111 022-1557
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

392829
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Own House.
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Ida. (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
3. **RESIDENCE OF FATHER** (city, state) St. Anthony, Ida.

4. **FULL NAME OF CHILD** Charles Edward Adams
7. Twin or Triplet If so—born 1st, 2nd, 3rd
5. Date of Birth of Child (Month, day, year) Feb 11, 1910
8. No. months of Pregnancy
9. Legitimate?
6. Sex

- FATHER OF CHILD**
10. **FULL NAME** Wm Humphrey Adams
11. Color or Race W 12. Age at time of THIS birth 32 yrs.
13. Birthplace Cleveland Ohio (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Nellie J. Lee
17. Color or Race W 18. Age at time of THIS birth 35 yrs.
19. Birthplace Cleveland Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Ag N D 3 Sol.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11 P. M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's OWN signature Wm Humphrey Adams M.D. Address Date
Utah St. Anthony Ida. Wife

- State of Utah } ss.
County of Salt Lake

- I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now sixty seven years of age, that I have known this person for life years, and that
Wm Humphrey Adams, who attended this birth, I further
(First name) (Last name)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

- Subscribed and sworn to before me this 20th day of July, 1910.
(SEAL) Wm Humphrey Adams Signature
141-1111 ST. MURRAY UTAH P.O. Address
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)
Notary Public, residing at Salt Lake City, Ut.

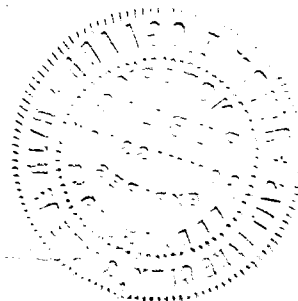
- Received for filing on JUL 25 1944 by Mabel Helder, Registrar.

JUL 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

467 222044 666

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **392833**

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: at Family Home
(e) Mothers stay **BEFORE** delivery: 4 years 10 months 4 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 4yr. 10mo yrs.
3. **RESIDENCE OF FATHER** (city, state) Midvale, Idaho

4. **FULL NAME OF CHILD** Bernice Elizabeth Doggett
5. Date of Birth of Child Aug. 22, 1910
(Month, day, year)
6. Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy 9 9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|--|---|--|
| 10. FULL NAME <u>Robert E. Lee Doggett</u> | 16. FULL MAIDEN NAME <u>Cinderilla Woodward</u> | 17. Color <u>white</u> or Race <u>Ash Grove</u> | 18. Age at time of THIS birth <u>33</u> yrs. |
| 11. Birthplace <u>Redding California</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Missouri</u>
(City or town) (State or foreign country) | 20. Exact Occupation <u>Farmer</u> | 21. Exact Occupation <u>Housewife</u> |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u> | 23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>5</u> | 24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born alive, stillborn</u> at <u>Midvale, Idaho</u> M. on the date <u>Aug. 22, 1910</u> | 25. Attendant's OWN signature <u>Eva C. King</u> M.D. <u>Midwife</u> Address <u>Disston Rte. Cottage Grove, Ore.</u> Date <u>July 11th 1944</u> |

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive, stillborn at Midvale, Idaho M. on the date Aug. 22, 1910
and at the place stated above, and that personal particulars were furnished by Doctor Marshall (First name) (Last name)
who is related as (Mother, etc.)

25. Attendant's **OWN** signature Eva C. King M.D. Midwife Address Disston Rte. Cottage Grove, Ore. Date July 11th 1944

AFFIDAVIT

- (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 33 years, and that Doctor Marshall (First name) (Last name), who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937-Session Laws.

- Cinderilla Doggett Signature
Disston Rte. Cottage Grove, Ore. P. O. Address
July 11th 1944
Subscribed and sworn to before me this 11th day of July 1944
(SEAL) Eva C. King Notary Public, residing at Cottage Grove, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) for Oregon my commission expires May 21, 1947

Received for filing on JUL 25 1944 by Malcolm H. Hedges Registrar.

1911 9 8 1911

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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1911 9 8 1911

463 227-014-396

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **992846**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
 - (a) County Canyon (b) City Caldwell, Ida
 - (c) Street Address or R.F.D. No. Route 2
 - (d) Name of Hospital or Maternity Home:
 - (e) Mother's stay **BEFORE** delivery:
IN THIS county years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
 - (a) State Idaho (b) County Canyon Co.
 - (c) City Caldwell
 - (d) Street Address or R.F.D. No.
 - (e) How long has **MOTHER** lived in Idaho? yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ruth Pauline Watson
5. Date of Birth of Child (Month, day, year) June 27, 1910
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9. Legitimate?

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|--|--|--|
| 10. FULL NAME <u>Chapley Anderson Watson</u> | 16. FULL MAIDEN NAME <u>Nellie Myrtle Craft</u> | 17. Color or Race <u>White</u> | 18. Age at time of THIS birth <u>38</u> yrs. |
| 11. Color or Race <u>White</u> | 12. Age at time of THIS birth <u>42</u> yrs. | 19. Birthplace <u>Alexandria, Iowa</u> | (City or town) (State or foreign country) |
| 13. Birthplace <u>Liberty, Iowa</u> | (City or town) (State or foreign country) | 20. Exact Occupation <u>Housewife</u> | |
| 14. Exact Occupation <u>Farmer</u> | | 21. Industry or Business | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum. Not known
23. Number of children of this mother: (a) At time of birth and including this child five (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 2 P. M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Charles A. Watson, who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Address Caldwell, Ida Date 1910

State of Idaho County of Canyon **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 70 years of age, that I have known this person for 22 years, and that Mrs. A. Watson, who attended this birth, is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Mrs. Nellie Watson
2221 Franklin St. P. O. Address Boise, Idaho
Subscribed and sworn to before me this 27th day of July, 1910
(SEAL) [Signature] Notary Public, residing at Aberdeen
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 25 1944 by Mary H. H. H. Registrar.

JUL 9 1970

JUL 26 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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253-220 021 866

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **392866**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>FRANKLIN</u> (b) City <u>WESTON</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>FRANKLIN</u> (c) City <u>WESTON</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>31</u> yrs.	
4. FULL NAME OF CHILD <u>VERLA LOUISE KELSON</u>		3. RESIDENCE OF FATHER (city, state) <u>WESTON, IDAHO</u>	

5. Date of Birth of Child (Month, day, year) <u>MARCH 20, 1910</u>			
6. Sex <u>FEMALE</u>	7. Twin or Triplet	8. No. months of Pregnancy	9. Legitimate?

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>GEORGE ALBERT KELSON</u>	16. FULL MAIDEN NAME <u>HANNAH HOOPES</u>		
11. Color or Race <u>WHITE</u>	17. Color or Race <u>WHITE</u>		
12. Age at time of THIS birth <u>34</u> yrs.	18. Age at time of THIS birth <u>31</u> yrs.		
13. Birthplace <u>COPENHAGEN DENMARK</u> (City or town) (State or foreign country)	19. Birthplace <u>WESTON IDAHO</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>PAINTER</u>	20. Exact Occupation <u>HOUSEWIFE</u>		
15. Industry or Business	21. Industry or Business		

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
who is related as
(Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Midwife

State of IDAHO } ss.
County of FRANKLIN

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 34 years, and that ELIZABETH FREDRICKSEN, who attended this birth IS NOW DECEASED. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Hoopes Kelson Signature
P. O. Address

Subscribed and sworn to before me this 21st day of July, 1944.
(SEAL) Edna P. Fowler Notary Public, residing at Garden, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mabel Helder Registrar.
JUL 26 1944

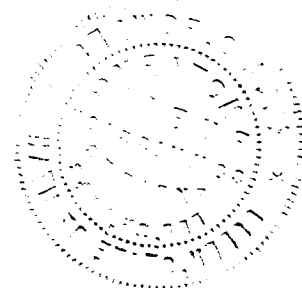
JUL 28 1944

JUL 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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412 226 016 653

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

392878
State File No. 117
Local Reg. No. 408
Reg. Dist. No. 2196

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____

(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. _____

(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Mildred Luise Masters

5. Date of Birth of Child
(Month, day, year) 6-26-10

6. Sex F 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy _____ 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Mr. Masters
11. Color W 12. Age at time of THIS birth 38 yrs.
13. Birthplace England
(City or town) (State or foreign country)
14. Exact Occupation Cigarette Mfg.
15. Industry or Business _____

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Skella
17. Color W 18. Age at time of THIS birth 27 yrs.
19. Birthplace England
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ who is related as _____ (Mother, etc.)
(First name) (Last name)

25. Attendant's **OWN** signature Mrs. Hilda Shalman M.D. _____ Address Midwife Date 6-26-10

State of WASHINGTON } ss.
County of KING

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 34 years, and that

MRS. HILDA SHALMAN attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Mrs. Masters
P.O. Address 9247 Wallingford Seattle

Subscribed and sworn to before me this 14TH day of JULY, 1944
(SEAL) Eleanor L. Fuchel Notary Public, residing at SEATTLE, WASH.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 31 1944 by [Signature] Registrar.

JUL 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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619-231025-755 397995 392895

United States (Be sure the information is as of date of birth of THIS child.) State File No. 397995
Department of Commerce Local Reg. No. 392895
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: At parents home
(e) Mothers stay BEFORE delivery: _____
In THIS county _____ years _____ months _____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Cottonwood Idaho
5. Date of Birth of Child (Month, day, year) Dec 31 1910

4. FULL NAME OF CHILD Virginia Fern Farthing
6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy None 9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Stephen J. Farthing</u>	16. FULL MAIDEN NAME <u>Jennie G. Gentry</u>	17. Color <u>White</u>	18. Age at time of THIS birth <u>25</u> yrs.
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>28</u> yrs.	19. Birthplace <u>Jefferson N. Carolina</u>	(City or town) (State or foreign country)
13. Birthplace <u>Sweetwater N. Carolina</u>	(City or town) (State or foreign country)	20. Exact Occupation <u>Housewife</u>	21. Industry or Business <u>Housewife</u>
14. Exact Occupation <u>Laborer</u>			
15. Industry or Business <u>Laborer</u>			

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 5.A. M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Jennie G. Gentry Farthing
(First name) (Last name)
who is related as Mother
(Mother, etc.)

25. Attendant's OWN signature J.D. Shimmick Address Cottonwood Date 7-27-44
(Notary Public, etc.)

State of Idaho } ss.
County of Idaho

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 59 years of age, that I have known this person for 33 years, and that
Dr. John D. Shimmick who attended this birth can not be located I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Jennie G. Gentry Farthing Signature
Cottonwood Idaho P. O. Address

Subscribed and sworn to before me this 27 day of July, 1944
(SEAL) John H. Tzoglou Notary Public, residing at Cottonwood Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on AUG 5 1944 by John H. Tzoglou Registrar.

AUG 5 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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399-129029-389

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

392903

State File No. 392903

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Latah** (b) City **Moscow**(c) Street Address or R.F.D. No. **City**(d) Name of Hospital or Maternity Home:
Birth given at residence(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Latah**(c) City **Moscow**(d) Street Address or R.F.D. No. **City**(e) How long has MOTHER lived in Idaho? **2** yrs.3. RESIDENCE OF FATHER (city, state) **City address**

4. FULL NAME

OF CHILD **Norman Franklin Childers**5. Date of Birth of Child **10/29/1910**
(Month, day, year)6. Sex **Male**7. Twin or
TripletIf so—born
1st, 2nd, 3rd8. No. months
of Pregnancy **9**9. Legitimate? **yes**

FATHER OF CHILD

10. FULL NAME **Lucius Franklin Childers**11. Color **White** 12. Age at time
or Race of THIS birth **32** yrs.13. Birthplace **McFall Missouri**
(City or town) (State or foreign country)14. Exact Occupation **Teacher**15. Industry or Business **Agronomist University Idaho**

MOTHER OF CHILD

16. FULL MOTHER
NAME **Frances Mabel Childers**17. Color **White** 18. Age at time
or Race of THIS birth **28** yrs.19. Birthplace **Stanberry Missouri**
(City or town) (State or foreign country)20. Exact Occupation **House wife**21. Industry or Business **Same**22. Name prophylactic used to prevent Ophthalmia Neonatorum **None**23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **3**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)who is related as.....
(Mother, etc.)25. Attendant's
OWN signature M.D. Address Date
MidwifeState of **Missouri**
County of **Howard** } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **Mother**.....of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now **62** years of age, that I have known this person for **34** years, and that**Dr. Barrows**, who attended this birth, **?** I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.**Frances Mabel Childers** Signature
New Franklin, Missouri. P.O. AddressSubscribed and sworn to before **4th** day of **August** 19**44**.

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

New Franklin, Mo.
Notary Public, residing atReceived for filing on **AUG 9 1944** by **Mabel Childers**, Registrar.

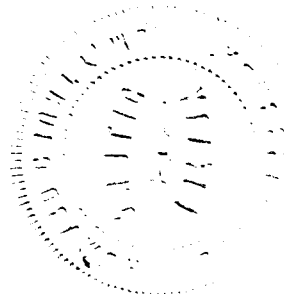
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1914 AUG 6

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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753 122-022-553

(Be sure the information is as of date of birth of THIS child.)

392921 392921

United States
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Freemont (b) City Chesler
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City Chesler
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** George Washington Peterson
5. Date of Birth of Child Feb. 22, 1910
(Month, day, year)
6. Sex male Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** John Peterson
11. Color W. 12. Age at time of THIS birth 38 yrs.
13. Birthplace Aalborg, Denmark (city or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Lena Nelson
17. Color W. 18. Age at time of THIS birth 37 yrs.
19. Birthplace Aalborg, Denmark (city or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
- and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
- who is related as
(Mother, etc.)

25. Attendant's **OWN** signature Idaho M.D. Address Date
Midwife

- State of Idaho } ss.
County of ada }

AFFIDAVIT

- (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4,
(Mother, etc.)
- above, that I am now 41 years of age, that I have known this person for 34 years, and that
Dr. West who attended this birth now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
- state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

- Signature Boyd Peterson
P. O. Address Boise Idaho

- Subscribed and sworn to before me this 15th day of August, 1944
(SEAL) J. Reed Meear, Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

- Received for filing on AUG 29 1944 by Mabel Helder, Registrar.

1944 8 2 1944

1944 8 2 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail in POST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

769 219 020-538

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **392981**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Elmore (b) City mtn home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Victoryhursts boarding house
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 2 years 1 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cwyhee
(c) City Hot Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

4. **FULL NAME OF CHILD** Gabina Goitandia

3. **RESIDENCE OF FATHER** (city, state) Hot Springs, Ida
5. Date of Birth of Child Feb 19, 1910
(Month, day, year)

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Juan B Goitandia
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Murelaga Spain
(City or town) (State or foreign country)
14. Exact Occupation Sheepman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Juana Echebarrieta
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Murelaga Spain
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)
25. Attendant's D. Mathur deceased. M.D. Address Date
OWN signature Midwife

AFFIDAVIT

State of Idaho County of Turn Falls ss.
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 62 years of age, that I have known this person for 35 years, and that
Cristina yturri, who attended this birth cannot be located I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Juana Goitandia Signature
Mustang Idaho P. O. Address
Subscribed and sworn to before me this 3rd day of Aug, 1914
(SEAL) B. Wilson Notary Public, residing at Nullan, Idh.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

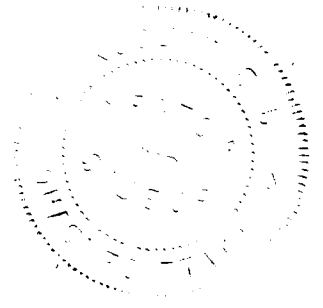
Received for filing on AUG 7 1944 by Mabel Heider Registrar.

SEP 8 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires 4¢ advance payment of fifty cents, money order or coin.

962-24008-993
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

392989
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)		2. USUAL RESIDENCE OF MOTHER (At time of this birth)	
(a) County <u>Boise</u>	(b) City <u>Garden valley</u>	(a) State <u>Idaho</u>	(b) County <u>Boise</u>
(c) Street Address or R.F.D. No.		(c) City <u>Garden valley</u>	
(d) Name of Hospital or Maternity Home:		(d) Street Address or R.F.D. No.	
(e) Mothers stay BEFORE delivery: In THIS county years months days		(e) How long has MOTHER lived in Idaho? <u>5</u> yrs.	
4. FULL NAME OF CHILD <u>Gertrude berniece Ross</u>		3. RESIDENCE OF FATHER (city, state) <u>Garden valley, ida</u>	
6. Sex <u>female</u>		5. Date of Birth of Child (Month, day, year) <u>August 16, 1910</u>	
7. Twin or Triplets <u>single</u>		8. No. months of Pregnancy <u>9</u>	
If so—born 1st, 2nd, 3rd		9. Legitimate? <u>yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Elmer C. Ross</u>		16. FULL MAIDEN NAME <u>Gertrude May Rickey</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>25</u> yrs.		18. Age at time of THIS birth <u>22</u> yrs.	
13. Birthplace <u>Clarinda, Iowa</u> (City or town) (State or foreign country)		19. Birthplace <u>Ferguson, Iowa</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>U.S. Forest ranger</u>		20. Exact Occupation <u>house wife</u>	
15. Industry or Business <u>U.S. Forest Service</u>		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>NONE</u>			
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's **OWN** signature..... M.D. Address Date
Midwife

AFFIDAVIT

State of Idaho } ss.
County of Twin Falls (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 56 years of age, that I have known this person for 34 years, and that
Dr Fittz, Placerville, Idaho, who attended this birth cannot be located I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Gertrude May Ross Signature
122 Walnut St, Twin Falls, Idaho P. O. Address

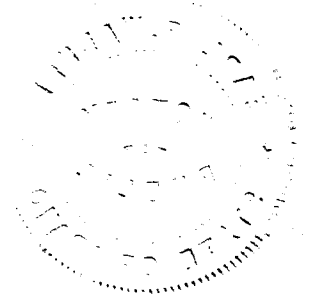
Subscribed and sworn to before me this 2nd day of August, 1944
(SEAL) Earle Walker Notary Public, residing at Twin Falls
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 7 1944 by Malcolm Helder Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

993-215 026-245

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **392998**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Jefferson</u> (b) City <u>Rigby</u> (c) Street Address or R.F.D. No. <u>#2</u> (d) Name of Hospital or Maternity Home: <u>Residence</u> (e) Mothers stay BEFORE delivery: In THIS county <u>5</u> years <u>3</u> months <u>4</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Jefferson</u> (c) City <u>Rigby</u> (d) Street Address or R.F.D. No. <u>#2</u> (e) How long has MOTHER lived in Idaho? <u>5</u> yrs.	
4. FULL NAME OF CHILD <u>Lilly Zitlau</u>		3. RESIDENCE OF FATHER (city, state) <u>Rigby, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>9/15/1910</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>Triplet</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Julius Zitlau</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>31</u> yrs. 13. Birthplace <u>Lipno Poland</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business <u>Farmer</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Jean Bunkesky</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>33</u> yrs. 19. Birthplace <u>Lipno Poland</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>None</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>		23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>	

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature California **M.D.** Midwife **Address** Los Angeles **Date** ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for since 9/15/1910 years, and that Mrs. Gallup who attended this birth. Deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (Is now deceased) or (Cannot be located)

Julius Zitlau Signature
825 E. Mainmark P. O. Address

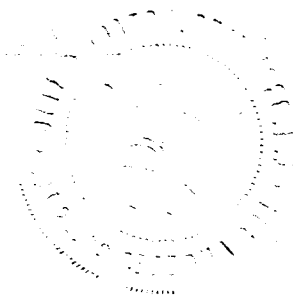
Subscribed and sworn to before me this 12th day of July, 1944.
L. H. Browning Notary Public, residing at Monterey Park
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 4 1944 by Mabel Helder Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

154 209 001-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

393005
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>Comey, 107 & Eastman</u> (d) Name of Hospital or Maternity Home: <u>St. Luke's Hospital</u> (e) Mothers stay BEFORE delivery: In THIS county <u>1</u> years <u>5</u> months <u>8</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>107 & Eastman</u> (e) How long has MOTHER lived in Idaho? <u>2 1/2</u> yrs.	
4. FULL NAME OF CHILD <u>Elizabeth Harper Anderson</u>		5. Date of Birth of Child (Month, day, year) <u>6, 9, 1910</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>1st, 2nd, 3rd</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William Henry Anderson</u>		16. FULL MAIDEN NAME <u>Susan Anne Harper</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>39</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>35</u> yrs.
13. Birthplace <u>Perth Amboy, N.J.</u> (City or town) (State or foreign country)		19. Birthplace <u>Salt Lake City, Utah</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Chief Clerk</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>U.S. Surveyor's Office</u>		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Midwife

AFFIDAVIT

State of Utah } ss.
County of Salt Lake }

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 39 (62) years of age, that I have known this person for 34 years, and that
Dr. George Collister who attended this birth cannot locate further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Susan Anne Harper Anderson P. O. Address
1585 So. St. Paul St. Denver Colo.

Subscribed and sworn to before me this 21st day of July, 1944.
(SEAL) St. Baranthy Notary Public, residing at Salt Lake City, Ut.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

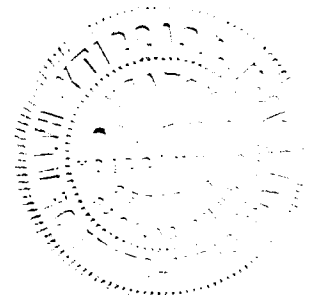
Received for filing on AUG 3 1944 by Mabel K. Bladen Registrar.

NOV 20 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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129-206-079-253

394309

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>LATAH</u> (b) City <u>MOSCOW</u> (c) Street Address or R.F.D. No. <u>RURAL</u> (d) Name of Hospital or Maternity Home: <u>BORN AT HOME</u> (e) Mothers stay BEFORE delivery: In THIS county <u>20</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>LATAH</u> (c) City <u>MOSCOW</u> (d) Street Address or R.F.D. No. <u>RURAL</u> (e) How long has MOTHER lived in Idaho? yrs.	
4. FULL NAME OF CHILD <u>AMY MARTHA AKRIDGE</u>		5. Date of Birth of Child (Month, day, year) <u>Jan 6, 1910</u>	
6. Sex <u>FEMALE</u> 7. Twin or Triplet <u>NO</u> 8. If so—born 1st, 2nd, 3rd		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>YES</u>	
FATHER OF CHILD 10. FULL NAME <u>DUDHY JARVIS AKRIDGE</u> 11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>41</u> yrs. 13. Birthplace <u>ADRAIN COUNTY MISSOURI</u> (City or town) (State or foreign country) 14. Exact Occupation <u>FARMER</u> 15. Industry or Business <u>OWN FARM</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>SUSAN FRANCES KEBBOGG</u> 17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth <u>34</u> yrs. 19. Birthplace <u>Prairie City Oregon</u> (City or town) (State or foreign country) 20. Exact Occupation <u>HOUSEWIFE</u> 21. Industry or Business <u>OWN HOME</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>NONE</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
OWN signature Midwife

AFFIDAVIT

State of Washington } ss.
County of King }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 68 years of age, that I have known this person for 34 years, and that
Dr. Washington who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Susan Frances Akridge Signature
..... P.O. Address

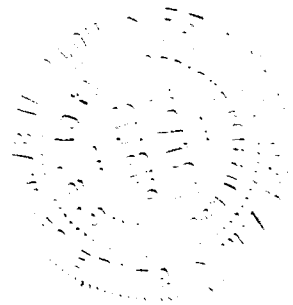
Subscribed and sworn to before me this 4th day of August, 1914.
(SEAL) Mabel Haller Notary Public, residing at Kent WA
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 21 1944 by Mabel Haller, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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319-121-028-367
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

394333
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Franklin</u> (b) City <u>Coeur d'Alene</u> (c) Street Address or R.F.D. No. <u>Squaw Bay</u> (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mothers stay BEFORE delivery: In THIS county years months <u>6</u> days <u>14</u>		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Franklin</u> (c) City <u>Coeur d'Alene</u> (d) Street Address or R.F.D. No. <u>Squaw Bay</u> (e) How long has MOTHER lived in Idaho? <u>6</u> yrs.	
4. FULL NAME OF CHILD <u>Roger Lee CAREY</u>		5. Date of Birth of Child (Month, day, year) <u>August 21, 1944</u>	
6. Sex <u>Male</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet		9. Legitimate? <u>yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>John Mason Carey</u>		16. FULL MAIDEN NAME <u>Lena Maye Cogswell</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>31</u> yrs.		18. Age at time of THIS birth <u>28</u> yrs.	
13. Birthplace <u>Farmers Kentucky</u> (City or town) (State or foreign country)		19. Birthplace <u>Farmers Kentucky</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>LUMBERMAN</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Logging</u>		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 4 P.M. on the date Aug. 21, 1944 (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Lena Maye CAREY (First name) (Last name)
who is related as MOTHER (Mother, etc.)
25. Attendant's John O'Neal M.D. Address Coeur d'Alene, Ida Date Aug. 12, 1944
OWN signature Midwife

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P.O. Address

Subscribed and sworn to before me this day of 19.....

(SEAL)

....., Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 21 1944 by Mabel Holder Registrar.

1911 2 2 000

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **394415**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Wyatt (or Wythe)
(d) Name of Hospital or Maternity Home Birth in own home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years 7 months 78 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Three yrs.

4. **FULL NAME OF CHILD** Dorothy Elaine Ferriss
5. Date of Birth of Child April 18 1940
(Month, day, year)

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd (Code)
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Emery Nelson Ferriss
11. Color White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Toledo (City or town) Iowa (State or foreign country)
14. Exact Occupation Principal High School
15. Industry or Business Pocatello Idaho

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Bess Reed
17. Color White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Brownsville Minnesota (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Doctors whereabouts unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now, living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 34 years, and that Dan Oscar Baker (?) Stealey who attended this birth uncertain I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (Is now deceased) or (Cannot be located)

Bess Reed Ferriss Signature
215 Bryant Ave Idaho 24 P. O. Address

Subscribed and sworn to before me this 35 day of August, 1940
(SEAL) Alvin H. Huffer Notary Public, residing at Idaho, N.Y.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

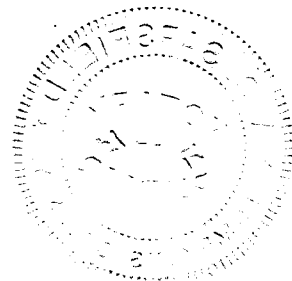
Received for filing on SEP 1944 by Mal Helder Registrar.

14448
SEP 7 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

267 104-003-719

394441

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. Ranch E. of Pocatello
(d) Name of Hospital or Maternity Home:
At home on ranch
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. Ranch E. of Pocatello
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Phillip Paul Hopper
5. Date of Birth of Child (Month, day, year) April 4, 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Thomas Hopper
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Pottsville, Pa.
(City or town) (State or foreign country)
14. Exact Occupation Dairyman
15. Industry or Business Dairyman

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Laverne Parks
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Pleasant Hill, Nebr.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
who is related as.....
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Bannock

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
above, that I am now 66 years of age, that I have known this person for 34 years, and that
Oscar B. Stealey who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Mrs Thomas Hopper Signature
844 E. Center-Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of September, 1944.
(SEAL) Clerk of the District Court, Bannock County
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 9 1944 by Mary Elder Registrar.

SEP 12 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

243-226-003-753

395575

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Lund</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county <u>17</u> years <u>1</u> months <u>2</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Lund</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>17</u> yrs.	
4. FULL NAME OF CHILD <u>Ruby Annie Kutterer</u>		3. RESIDENCE OF FATHER (city, state) <u>Lund, Idaho</u>	
6. Sex <u>Female</u>		5. Date of Birth of Child <u>Aug. 26, 1910</u> (Month, day, year)	
7. Twin or Triplet <u>x</u>		8. No. months of Pregnancy <u>9</u>	
10. FULL NAME <u>John George Kutterer</u>		9. Legitimate? <u>yes</u>	
11. Color or Race <u>White</u>		12. Age at time of THIS birth <u>31</u> yrs.	
13. Birthplace <u>Ludwigshafen Germany</u> (City or town) (State or foreign country)		14. Exact Occupation <u>Farmer</u>	
15. Industry or Business <u>Farm</u>		16. FULL MAIDEN NAME <u>A nnie Louise Peterson</u>	
17. Color or Race <u>White</u>		18. Age at time of THIS birth <u>25</u> yrs.	
19. Birthplace <u>Ogden, Utah</u> (City or town) (State or foreign country)		20. Exact Occupation <u>Housewife</u>	
21. Industry or Business <u>Farm</u>		22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>boric acid</u>	
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u>		(b) Born alive and now living <u>1</u>	

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Midwife

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
above, that I am now 59 years of age, that I have known this person for 59 years, and that
Dr. Ellis Kaekley who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Annie Louise Kutterer Signature
Pocatello, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of September, 1944.
(SEAL) F. E. Tydemann Notary Public, residing at Pocatello Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on SEP 13 1944 by Mabel Helder Registrar.

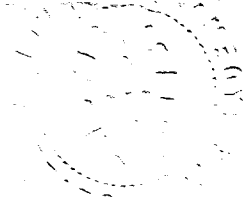
AUG 27 1956

SEP 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

357-20-028-968
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **395577**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Kootenai</u> (b) City <u>Granite</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>Own Home.</u> (e) Mothers stay BEFORE delivery: In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Kootenai</u> (c) City <u>Granite</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>20</u> yrs.	
4. FULL NAME OF CHILD <u>Helen Louise Lear.</u>		5. Date of Birth of Child (Month, day, year) <u>Jan. 1st 1910</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>Triplet</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes.</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Leroy Ellis Lear</u>		16. FULL MAIDEN NAME <u>Nellie Roberta Boyer</u>	
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>34</u> yrs.	17. Color or Race <u>White</u>	18. Age at time of THIS birth <u>23</u> yrs.
13. Birthplace <u>Berlin, W. Va.</u> (City or town) (State or foreign country)		19. Birthplace <u>Scotsville, Ohio</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Saw mill owner.</u>		20. Exact Occupation <u>House wife</u>	
15. Industry or Business <u>Miller in own mill.</u>		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>8</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
who is related as
(Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Midwife

State of Washington } ss.
County of Franklin

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
above, that I am now 57 years of age, that I have known this person for 34 years, and that
Mrs. Lincolnfelt (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Nellie Roberta Lear Signature
Newport, Wash. P.O. Address
Subscribed and sworn to before me this 29th day of August, 1944
(SEAL) Shaw P. Baskett Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on SEP 13 1944 by Mary F. Bledsoe Registrar.

SEP 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

231-230-035-459
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

395612
State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Nez Perce</u> (b) City <u>none</u> (c) Street Address or R.F.D. No. <u>none</u> (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mothers stay BEFORE delivery: In THIS county <u>years 2 months 4 days</u>		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City <u>none</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>2 months</u> yrs.	
4. FULL NAME OF CHILD <u>Ella Rose Standage</u>		3. RESIDENCE OF FATHER (city, state) <u>Gilmer, Wash.</u>	
6. Sex <u>female</u>		5. Date of Birth of Child (Month, day, year) <u>March 30, 1910</u>	
7. Twin or Triplet <u>no</u>		8. No. months of Pregnancy <u>9</u>	
9. Legitimate? <u>Yes</u>			
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>James Allen Standage</u>		16. FULL MAIDEN NAME <u>Clara Unzicker</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>29</u> yrs.		18. Age at time of THIS birth <u>29</u> yrs.	
13. Birthplace <u>Boise, Idaho</u> (City or town) (State or foreign country)		19. Birthplace <u>Emporia, Kansas</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Minister</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Minister</u>		21. Industry or Business <u>Housewife</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Boric Acid Solution</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Midwife

AFFIDAVIT

State of Washington } ss.
County of Walla Walla }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now sixty-three years of age, that I have known this person for 34 years, and that
Dr. Vadney who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Elara Standage Signature
447 S. 4th, Walla Walla, Wash. P. O. Address

Subscribed and sworn to before me this 19th day of September, 1944

(SEAL) Kerber Ringhoffer Notary Public, residing at Walla Walla.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 47-914, Idaho Code Annotated.)

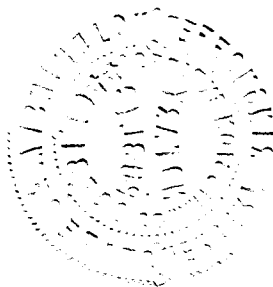
Received for filing on SEP 22 1944 by Mabel H. Elder Registrar.

SEP 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

198-12114-455
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **395636**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Wash (b) City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Ranch home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 28 years 9 months 12 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Wash
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

4. **FULL NAME OF CHILD** Elmo Cambridge Dryden
7. Twin or Triplet no—born
6. Sex male 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Cambridge, Idaho
5. Date of Birth of Child (Month, day, year) July 12th 1910
8. No. months of Pregnancy 9 mo. 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Howard Marshall Dryden
11. Color or Race white 12. Age at time of THIS birth 43 yrs.
13. Birthplace Ranch Missouri (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Ranching

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Margaret Denney
17. Color or Race white 18. Age at time of THIS birth 29 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living nine

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature Idaho M.D. Address Date
Midwife

State of Idaho } ss.
County of ney Perse

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4,
above, that I am now 62 years of age, that I have known this person for 34 years, and that
Dr. Schmitz who attended this birth is now deceased
(First name) (Last name) I further
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

Mary M. Adams Signature
010224 St. Lewiston Ida. P. O. Address
2125 day of September, 1944
Leo McCasidy Notary Public, residing at Lewiston
(SEAL)
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 26 1944 by Mabel H. Elder Registrar.

OCT 17 1974

SEP 26 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

213-17-016-125

395685

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Marion</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Born in own home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>26</u> years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Marion</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>26</u> yrs	
4. FULL NAME OF CHILD <u>Ernest J. Bates</u>		5. Date of Birth of Child (Month, day, year) <u>Sept. 14, 1910</u>	
6. Sex <u>male</u>	7. Twin or Triplet _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Arlin H. Bates</u>		16. FULL MAIDEN NAME <u>Isabell Jennine</u>	
11. Color or Race <u>white</u>	12. Age at time of THIS birth <u>35</u> yrs.	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>27</u> yrs.
13. Birthplace <u>Hoole</u> (City or town) <u>Utah</u> (State or foreign country)		19. Birthplace <u>Hosken</u> (City or town) <u>Utah</u> (State or foreign country)	
14. Exact Occupation <u>farmer</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business _____		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>yes</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by Isabell Jennine Bates Jennings (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 34 years, and that Dr. Neilson (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Isabell Jennine Signature
Twin Falls - Ida. Rt. 1 P. O. Address

Subscribed and sworn to before me this 20th day of April, 1944.

(SEAL) John D. Roberts Notary Public, residing at Twin Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

9 100

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

395692

1. PLACE OF BIRTH:

(a) County Tremont (b) City Lillian
(c) Street address or R. F. D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:

In Hospital or Maternity Home Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State (b) County
(c) City
(d) Street address or R. F. D. No.
(e) How long has MOTHER lived in Idaho? 41 yrs.
(f) Mother's mailing address (For registration notice):

1337 N. Wash. Blvd. Ogden, Utah
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

Ogden, Utah

4. FULL NAME OF CHILD

Thelma Gay Thorsted

5. DATE OF BIRTH

(Month, day, year) Feb. 20, 1910

6. Sex

Female

7. Twin or Triplet

If so—born
1st, 2nd, 3rd

8. No. months of Pregnancy

9

9. Legitimate?

yes

FATHER OF CHILD

10. FULL NAME

Richard Laurence Thorsted

11. Color or Race

White

12. Age at time of THIS birth

28 yrs.

13. Birthplace

Ogden, Utah
(City or Town)

(State or foreign country)

14. Exact Occupation

Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME

Grace Margaret Kelly

17. Color or Race

White

18. Age at time of THIS birth

24 yrs.

19. Birthplace

Jaylerville, Illinois
(City or Town)

(State or foreign country)

20. Exact Occupation

Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child

3

(b) Born alive and now living

3

(c) Born alive and now dead

0

(d) Stillborn

0

Was a standard serological test for syphilis performed?
Yes..... No X Date sample taken.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was

born alive
(born alive, stillborn)

12 P. M. on the date

and at the place stated above, and that personal particulars were furnished by

Grace Thorsted
(First name)

Thorsted
(Last name)

related to this child as

Mother
(Mother, etc.)

OCT 4 - 1944

26. (a)

(Date received)

(b)

Malcolm K. Kuder
(Registrar's signature)

25. Attendant's OWN signature

Mrs. Viola Dedman
(B.S., Midwife, etc.)

27. Given name added on

by

(Registrar's signature)

and address

Drummond, Idaho, Sept. 27, 1944

7761 9 130

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

(b) Labor: Complications: _____

_____ Induced? _____

(c) State all operations for delivery _____

(d) Did baby have any: _____

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery? _____

Yes _____ No _____ Pos. _____ Neg. _____

(e) Signature of Physician: _____

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **395703**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>VALLEY</u> (b) City <u>MCCALL</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>AT HOME</u> (e) Mothers stay BEFORE delivery: In <u>THIS</u> county <u>11</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>VALLEY</u> (c) City <u>MCCALL</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>11</u> yrs.	
4. FULL NAME OF CHILD <u>NEAL OSCAR AROLA</u>		5. Date of Birth of Child <u>-2-23-10</u> (Month, day, year)	
6 Sex <u>MALE</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>YES</u>
FATHER OF CHILD 10. FULL NAME <u>JOHN AROLA</u> 11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>34</u> yrs. 13. Birthplace <u>VAASA FINLAND</u> (City or town) (State or foreign country) 14. Exact Occupation <u>FARMER</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>FIINA ALINA OJALA</u> 17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth <u>39</u> yrs. 19. Birthplace <u>OUUU FINLAND</u> (City or town) (State or foreign country) 20. Exact Occupation <u>HOUSE WIFE</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>7</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature **M.D. Address** **Date**
Midwife

State of IDAHO } ss. **AFFIDAVIT**
County of VALLEY } (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 34 years, and that MARY OJALA who attended this birth DECEASED I further (First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

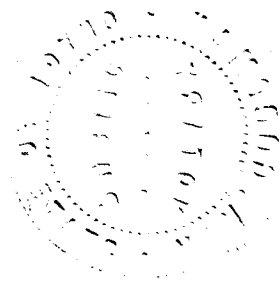
Fiina Alina Ojala Signature
P. O. Address
Subscribed and sworn to before me this 1st day of October 1944
(SEAL) J. P. Hadden Notary Public, residing at MCCALL
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on OCT 6 - 1944 by Mabel Hadden Registrar

OCT 9 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

665-212-004-755

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **395718**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County **BEAR LAKE** (b) City **MONTPELIER**
(c) Street Address or R.F.D. No. **MAINE ST**
(d) Name of Hospital or Maternity Home: **OWN HOME**
(e) Mothers stay **BEFORE** delivery: **HOME**
In **THIS** county years months day

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State **IDAHO** (b) County **BEAR LAKE**
(c) City **MONTPELIER**
(d) Street Address or R.F.D. No. **MAINE ST**
(e) How long has **MOTHER** lived in Idaho? **37** yrs.
3. RESIDENCE OF FATHER (city, state) **IDAHO**

4. FULL NAME OF CHILD **HAZLE LUCINDA OWEN**

5. Date of Birth of Child
(Month, day, year) **OCT-12-1910**

6. Sex **FEMALE** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD
10. FULL NAME **DANIEL BERT OWEN**
11. Color or Race **WHITE** 12. Age at time of THIS birth **24** yrs.
13. Birthplace **ORDEN UTAH**
(City or town) (State or foreign country)
14. Exact Occupation **CARPENTER STATE**
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME **NANCY H. GEE**
17. Color or Race **WHITE** 18. Age at time of THIS birth **23** yrs.
19. Birthplace **LAWRENCE MICHIGAN**
(City or town) (State or foreign country)
20. Exact Occupation **HOUSE WIFE**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. **X**
23. Number of children of this mother: (a) At time of birth and including this child **2** (b) Born alive and now living **YES**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **born alive** at **A.** M. on the date **10-3-44**
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____
(First name) (Last name)
who is related as _____
(Mother, etc.)

25. Attendant's **OWN** signature **Ethel M. Spencer** M.D. Address **2623 Alameda Cell** Date **10-3-44**
OWN signature **W. Spencer** M.D. Address **Dr. Spencer** Date **10-3-44**

State of **Washington** County of **Itasca** ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the **Mother** of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now **57** years of age, that I have known this person for **34** years, and that
Dr. Spencer who attended this birth. **Cannot be located** I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

x Mrs. Nancy H. Geger Signature
Box 484 - West Park, Bremerton, Wn P.O. Address

Subscribed and sworn to before me this **8** day of **September**, 19 **44**
Ethel M. Spencer Notary Public, residing at **Bremerton**
(SEAL)

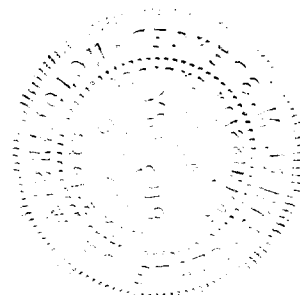
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on **OCT 9 - 1944** by **Mabel Holder** Registrar.

1937 01 100

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **395741**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Fremont** (b) City **Sugar City**
(c) Street Address or R.F.D. No. **ON farm**
(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:

IN THIS county **1** years **4** months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Fremont**
(c) City **Sugar City**
(d) Street Address or R.F.D. No. **Farm**

(e) How long has MOTHER lived in Idaho? **1 1/2** yrs.

3. RESIDENCE OF FATHER (city, state) **Sugar City, Idaho**

5. Date of Birth of Child
(Month, day, year) **Oct. 22, 1910**

4. FULL NAME OF CHILD

Henry Harry Helmer

6. Sex **male**

7. Twin or
Triplet **no**

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy **9**

9. Legitimate? **Yes**

FATHER OF CHILD

10. FULL NAME **Gottfried Helmer**

11. Color or Race **white** 12. Age at time
of THIS birth **26** yrs.

13. Birthplace **Russia**
(City or town) (State or foreign country)

14. Exact Occupation **Farmer**

15. Industry or Business **Farming**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Susie Rau**

17. Color or Race **white** 18. Age at time
of THIS birth **23** yrs.

19. Birthplace **Russia**
(City or town) (State or foreign country)

20. Exact Occupation **Housewife**

21. Industry or Business **Farming**

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's
OWN signature

M.D.
Midwife Address

Date

State of **Idaho**
County of **Minidoka** ss.

AFFIDAVIT to be completed when the attendant does not sign
in Item 25.

I, the undersigned, being first duly sworn, say that I am the **uncle** of the person whose name appears
in Item 4, above, that I am now **59** years of age, that I have known this person for **33** years, and that

unknown midwife, who attended this birth **cannot be located** I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Paul, Idaho

Subscribed and sworn to before me this **11th** day of **October**, 19**44**.

(SEAL)

Notary Public, residing at **Rupert, Idaho**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **OCT 13 1944** by **Malv Helmer**, Registrar.

OCT 14 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

257-122-237-27

395785

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Owyhee (b) City Wilson
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 2 years 1 months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Wilson
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
3. **RESIDENCE OF FATHER** (city, state) Wilson, Idaho
4. **FULL NAME OF CHILD** Joseph Ralph Keith
5. Date of Birth of Child
(Month, day, year) Oct 22, 1910
- 6 Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** John Edward Keith
11. Color or Race White 12. Age at time of THIS birth 43 yrs.
13. Birthplace Osawatimie, Kansas
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Blanche Bailey
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Ca rhondale, Kansas
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____
22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 3:30 P.M. on the date _____ (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Blanche Keith
who is related as Mother (First name) (Last name)
(Mother, etc.)
25. Attendant's OWN signature Mrs Helena Halley Address Nampa, Idaho Date 10/3/44
Midwife

State of _____ } ss. **AFFIDAVIT**
County of _____ } (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth _____ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this _____ day of _____, 19____.

(SEAL) _____, Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by Mabel Halley, Registrar

OCT 16 1944

1911 8 7 100

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

519-120-006-169
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **395786**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)

(a) County Bingham (b) City Blackfoot
(c) ~~Street Address~~ or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:

(e) Mothers stay **BEFORE** delivery:

In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)

(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? yrs.

4. **FULL NAME OF CHILD** Griffith Edward Harman

5. Date of Birth of Child
(Month, day, year) Sept. 20, 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo 9. Legitimate? yes

10. **FATHER OF CHILD**
FULL NAME John R. Harman

11. Color or Race White 12. Age at time of THIS birth 34 yrs.

13. Birthplace Salt Lake City, Utah
(City or town) (State or foreign country)

14. Exact Occupation

15. Industry or Business Farmer

16. **MOTHER OF CHILD**
FULL MAIDEN NAME Mary Morgan

17. Color or Race White 18. Age at time of THIS birth 27 yrs.

19. Birthplace Combs, Wales
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum No Silver 10 ggs Sol.

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 6:00 P.M. on the date

(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Mary Harman
(First name) (Last name)

who is related as mother
(Mother, etc.)

25. Attendant's M. E. Butler M.D. M.D. Address Blackfoot Idaho
OWN signature Midwife Date 8-17-1914

State of
County of ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now years of age, that I have known this person for years, and that

....., who attended this birth I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this day of, 19.....

(SEAL)

....., Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 16 1914 by Mabel Helder Registrar.

7461 8 T 100

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

OCT 7 1944

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No. Post Office
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay BEFORE delivery:
IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No. Post Office
(e) How long has MOTHER lived in Idaho? 24 yrs.
3. RESIDENCE OF FATHER (city, state) Emmett Idaho

4. FULL NAME OF CHILD Marie Helfert

5. Date of Birth of Child
(Month, day, year) May 26 1910

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. FULL NAME Josef Helfert
11. Color White 12. Age at time of THIS birth 30 yrs.
13. Birthplace AUSTRIA
(City or town) (State or foreign country)
14. Exact Occupation Watchmaker
15. Industry or Business Jewelry.

MOTHER OF CHILD
16. FULL MAIDEN NAME Clara Evelyn Moore
17. Color White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Midvale Idaho
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho ss.
County of Idaho

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for.....years, and that Marie Helfert who attended this birth.....I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Clara Moore Helfert Signature
St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 7 day of October, 1944.

(SEAL) H. H. Adams Notary Public, residing at St. Anthony, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct. 2, 1944 by C. J. Lockman, Registrar.

395793

NOV 9 1911

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

437-2304-703
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 395798
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 18 ave.
(d) Name of Hospital or Maternity Home:
at Parents Home.
(e) Mothers stay BEFORE delivery:
In THIS county years 6 months 2 days 4

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 18 ave.
(e) How long has MOTHER lived in Idaho? 6 yrs.

4. FULL NAME OF CHILD

Helen Marie Ulrich

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. RESIDENCE OF FATHER (city, state)

Nampa, Idaho. 5. Date of Birth of Child (Month, day, year) March 13, 1910

FATHER OF CHILD

10. FULL NAME Christian P. Ulrich
11. Color white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Eureka Illinois (City or town) (State or foreign country)
14. Exact Occupation mason work.
15. Industry or Business Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Alta Pollock
17. Color white 18. Age at time of THIS birth 21 yrs.
19. Birthplace Arasahoe nebr. (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum. none Sol. of. 2lt.
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at Nampa M. on the date Sept 25, 1944 and at the place stated above, and that personal particulars were furnished by Christian P. Ulrich who is related as Father (Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature J. H. Murray M.D. Midwife Address Nampa Ida Date Sept 25, 1944

State of Idaho County of Canyon ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 29 years of age, that I have known this person for 29 years, and that

Christian P. Ulrich, who attended this birth, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 25 day of Sept, 1944

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 16 1944 by Mabel Helder Registrar.

ES

OCT 3 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

719 217-006-659

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **396888**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Aberdeen (b) City Aberdeen
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years 6 months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Aberdeen
(c) City Aberdeen
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

4. **FULL NAME OF CHILD** Thelma Blanche Parrott
6 Sex Female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd _____

3. **RESIDENCE OF FATHER** (city, state) Aberdeen, Ida.
5. Date of Birth of Child (Month, day, year) Sept. 17, 1910
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Omer Jack Parrott
11. Color or Race white 12. Age at time of THIS birth 28 yrs.
13. Birthplace Union Twp. Mercer Co. Ohio
(City or town) (State or foreign country)
14. Exact Occupation Oil driller
15. Industry or Business Oil

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Orpha Iona May Werts
17. Color or Race white 18. Age at time of THIS birth 30 yrs.
19. Birthplace Center Twp. Mercer Co. Ohio
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife _____

State of Ohio
County of Mercer } ss.

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 34 years, and that Dr. M.L. MacCollough (First name) (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Orpha Jenkins Signature
304 E. Market Celina, Ohio P. O. Address

Subscribed and sworn to before me this 9 day of October 1944
(SEAL) Earl M. S. Co. Notary Public, residing at Celina, Ohio
(Note: Perjury is punishable under the laws of Idaho; see Sec. 17-914, Idaho Code Annotated.)

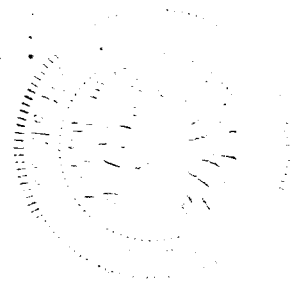
Received for filing on OCT 18 1944 by Harold H. Elder Registrar
My Commission Expires Mar. 2, 1945

1937 9 8 1901

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

869-124016 749

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

396892
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
IN THIS county 22 years month days
2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 22 yrs.
(f) Mother's mailing address Albion, Idaho
3. RESIDENCE of FATHER (Albion, Idaho)

4. FULL NAME OF CHILD Fredrick Thomas Horsley
5. Date of Birth (Month, day, year) June 24, 1910
6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____ 8. No. months of Pregnancy 9 9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|--|--|---|
| 10. FULL NAME <u>George Horsley</u> | 16. FULL MAIDEN NAME <u>ELIZA GILES</u> | 11. Color or Race <u>white</u> | 17. Color or Race <u>White</u> |
| 12. Age at time of THIS birth <u>26</u> yrs. | 18. Age at time of THIS birth <u>22</u> yrs. | 13. Birthplace <u>Albion, Cassi Co., Idaho</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Albion Idaho</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation <u>Farmer</u> | 20. Exact Occupation <u>Housewife</u> | 15. Industry or Business <u>Same</u> | 21. Industry or Business <u>Same</u> |
| 22. Name prophylactic used to prevent Ophthalmia Neonatorum _____ | | 23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>5</u>
(c) Born alive and now dead <u>1</u> (d) Stillborn <u>none</u> | |

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ A _____ M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Jessie May Horsley, who is related to this child as Grandmother (First name) (Last name)
OCT 25 1944 (Mother, etc.)
26. (a) _____ (Date received) (b) Maui Elder (Registrar's signature)
27. Given name added on _____ by _____ (Registrar's signature)
25. Attendant's OWN signature Jessie May Horsley MD. (SS, Midwife, etc.)
and address Albion, Ida. Date Oct. 18, 1944

State of Idaho }
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jessie May Horsley, being first duly sworn, say that I am related (Related to (or) acquainted with)
Fredrick Thomas Horsley as grandmother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Storey (Name of attendant at birth), who attended said birth is now deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 18th day of October, 1944
(SEAL) Albion, Idaho Signature _____
Notary Public, residing at Albion, Idaho P. O. Address _____

AUG 29 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

413-126 023 533

396915

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **396915**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Gem (b) City Ola
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years 6 months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Ola
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
3. **RESIDENCE OF FATHER** (city, state) Ola, Idaho

4. **FULL NAME OF CHILD** Louis James Matthews
5. Date of Birth of Child
(Month, day, year) June 26, 1910
- 6 Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 7 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** David Frank Matthews
11. Color or Race White 12. Age at time of THIS birth 21 yrs.
13. Birthplace Montana
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business _____
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Ereva Dena Ellsworth
17. Color or Race White 18. Age at time of THIS birth 17 yrs.
19. Birthplace Menan, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (Born alive, stillborn) (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife _____

State of _____ } ss. **AFFIDAVIT**
County of _____ } (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 54 years, and that Mrs Bailey who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 6th day of November, 1914
(SEAL) Mary L. Brewer, Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

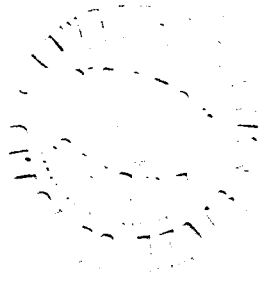
Received for filing on Nov 6 - 1914 by Mary L. Brewer, Registrar

NOV 9 1911

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249 118 014 249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

396937

State File No. **396937**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No. Park
(d) Name of Hospital or Maternity Home: Home Residence
(e) Mothers stay BEFORE delivery: 3 years 5 months days
In THIS county

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No. Park
(e) How long has MOTHER lived in Idaho? 3 1/2 yrs.

4. **FULL NAME OF CHILD** Ralph Clark Burr
6 Sex boy 7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) _____
5. Date of Birth of Child (Month, day, year) Sept. 18-1910
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Horace Judd Burr
11. Color or Race white 12. Age at time of THIS birth 38 yrs.
13. Birthplace Goshen Idaho
(City or town) (State or foreign country)
14. Exact Occupation Forest Ranger
15. Industry or Business U.S. Forest Service

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Orak Lillian Burr
17. Color or Race white 18. Age at time of THIS birth 38 yrs.
19. Birthplace O'Fallon Mo
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by Orak L Burr who is related as Mother (First name) (Last name)
(Mother, etc.)
25. Attendant's OWN signature Burda Clark M.D. Address Des Moines 10 Iowa Date 11-20-49
Midwife _____

State of _____ } ss. **AFFIDAVIT**
County of _____ } (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19_____
(SEAL) _____, Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1944 by Mabel Helder, Registrar

NOV 25 1944

NOV 26 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

299 118031 666

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **39849**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lamuir (b) City Lamuir
(c) Street Address or R.F.D. No. Hill & 5th.
(d) Name of Hospital or Maternity Home:
at home
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lamuir
(c) City Lamuir
(d) Street Address or R.F.D. No. Hill & 5th.
(e) How long has MOTHER lived in Idaho? 39 yrs.

4. **FULL NAME OF CHILD** William Allan Bridwell
7. Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) 48 yrs.
5. Date of Birth of Child (Month, day, year) May 18th 1910.
8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD
10. **FULL NAME** James F. Bridwell
11. Color or Race White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Rallan, Polk County, Oregon
(City or town) (State or foreign country)
14. Exact Occupation Dentist & Pharmacist
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Lair Wolford
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Colton, Washington
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho } ss.
County of Lamuir }

I, the undersigned, being first duly sworn, say that I am the Rallan (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for all his life years, and that Yaylor Barton E. (First name) (Last name), who attended this birth in my absence (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James F. Bridwell Signature
Lamuir, Idaho P. O. Address
Subscribed and sworn to before me this 28 day of Oct, 1944
(SEAL) W. H. H. H. H. Notary Public, residing at Lamuir
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 31 1944 by Mary H. H. H. Registrar

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

763 221-029-855

396964

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items time of this birth)
(a) County Latah (b) City
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: Farm House
(e) Mothers stay **BEFORE** delivery:
In **THIS** county yes years 21 months 2 days 11
4. **FULL NAME OF CHILD** Velma Adessa Gold
7. Twin or Triplet If so—born 1st, 2nd, 3rd
6. Sex female

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Pattlatch
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
3. **RESIDENCE OF FATHER** (city, state) also Idaho
5. Date of Birth of Child Sept 22, 1910
(Month, day, year)
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Douglas Burnett Gold
11. Color white 12. Age at time of THIS birth yrs.
13. Birthplace Canada (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Velma Eliza Hensley
17. Color white 18. Age at time of THIS birth 21 yrs.
19. Birthplace Booth Pl. Bancroft Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child first (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
who is related as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of Idaho ss.
County of Butte Columbia

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 54 years of age, that I have known this person for years, and that
Velma Eliza Gold who attended this birth I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session-Laws.

Velma Eliza Gold Signature
Booth Pl. Bancroft U.S.A. R. O. Address

Subscribed and sworn to before me this 13th day of July, 1944
(SEAL) Notary Public Notary Public, residing at Chillmark Bldg
(Note: Perjury is punishable as a felony in Idaho see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 31 1944 by Mabel Helder Registrar.

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OCT 21 1944

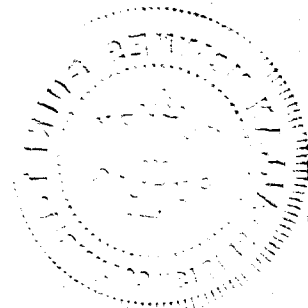
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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

12



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

691-120 840-191

396976

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

4. **FULL NAME OF CHILD** Helen Theresa Frank
5. Date of Birth of Child (Month, day, year) Dec. 1, 1910

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Carmen Frank
11. Color or Race white 12. Age at time of THIS birth 36 yrs.
13. Birthplace Messina Italy
(City or town) (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Rose Jiacovetta
17. Color or Race white 18. Age at time of THIS birth 16 yrs.
19. Birthplace Kellogg Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 2:30 p. M. on the date and at the place stated above, and that personal particulars were furnished by Rose Frank who is related as Mother
(Born alive, stillborn) (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of Idaho }
County of Shoshone } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 34 years, and that Filomina Tonti who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
(First name) (Last name) (Is now deceased) or (Cannot be located)

Rose Frank Signature
302 N. Elm. Kellogg Idaho P. O. Address

Subscribed and sworn to before me this 17th day of Oct., 19 44
(SEAL) Mary M. Stout Notary Public, residing at Kellogg Ida.
(Notary Commission expires on July 31, 1945, Idaho Code Annotated.)

Received for filing on OCT 27 1944 by Mabel Elder Registrar.

OCT 31 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

649 104-006-649

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **398137**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>Moreland</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mothers stay BEFORE delivery: In THIS county <u>10</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Moreland</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>10</u> yrs.	
4. FULL NAME OF CHILD <u>Kernal Stephen Furniss</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		5. Date of Birth of Child (Month, day, year) <u>Sept 4, 1910</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
6 Sex <u>Boy</u> FATHER OF CHILD 10. FULL NAME <u>Thomas Augustus Furniss</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>31</u> yrs. 13. Birthplace <u>Ogden, Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Gertrude Furniss</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>25</u> yrs. 19. Birthplace <u>Joseph City, Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____ 23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>yes</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

AFFIDAVIT

State of Idaho County of Bannock ss. (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 34 years, and that Mary Hatch who attended this birth could be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 10th day of November 1944
(SEAL) W. H. Kasper, Notary Public, residing at Russ Hob Springs, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 15 1944 by Mary Hatch, Registrar

WOL 2 8 10N

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

363 124031-363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **398185**

Local Reg. No. _____

Reg. Dist. No. _____

- | | |
|---|--|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County <u>Lewis</u> (b) City <u>Morrowtown</u>
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay BEFORE delivery:
In THIS county <u>4</u> years _____ months _____ days | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County <u>Lewis</u>
(c) City <u>Morrowtown</u>
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in <u>Idaho</u> ? <u>16</u> yrs. <u>Morrowtown</u> |
|---|--|

- | | |
|---|---|
| 4. FULL NAME OF CHILD <u>George Franklin Colbert</u> | 5. Date of Birth of Child
(Month, day, year) <u>Nov. 24, 1910</u> |
| 6 Sex <u>Male</u> | 8. No. months of Pregnancy <u>9</u> |
| 7. Twin or Triplet _____ | 9. Legitimate? <u>yes</u> |

- | | |
|--|--|
| FATHER OF CHILD
10. FULL NAME <u>George Whipple Colbert</u>
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>40</u> yrs.
13. Birthplace <u>Brownsville</u> <u>Oregon</u>
(City or town) (State or foreign country)
14. Exact Occupation <u>Sheepman</u>
15. Industry or Business _____ | MOTHER OF CHILD
16. FULL MAIDEN NAME <u>Nancy Hawk Colbert</u>
17. Color or Race <u>white</u> 18. Age at time of THIS birth <u>36</u> yrs.
19. Birthplace <u>Brownsville</u> <u>Oregon</u>
(City or town) (State or foreign country)
20. Exact Occupation <u>housewife</u>
21. Industry or Business _____ |
|--|--|

- 22. Name prophylactic used to prevent Ophthalmia Neonatorum** _____
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

- 24. I HEREBY CERTIFY** That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

- | | | |
|--------------------------------------|---------------------|-------------|
| 25. Attendant's OWN signature | M.D. Address | Date |
|--------------------------------------|---------------------|-------------|

- State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)
County of Salperton }
I, the undersigned, being first duly sworn, say that I am the sister of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 34 years, and that Granny Clara Denham, who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

- Subscribed and sworn to before me this 17 day of November, 1914
(SEAL) Pay R. R. R. Notary Public, residing at Bakersfield, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

- Received for filing on NOV 27 1914 by W. H. R. R. Registrar

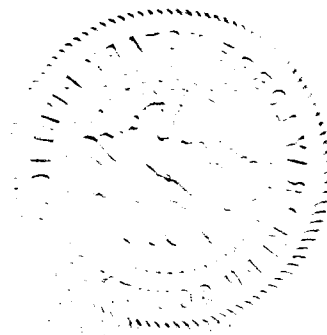
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NOV 22 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



391 130 035-597

398210

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Leland
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
at home
(e) Mother's stay **BEFORE** delivery:
IN THIS county years 17 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Leland
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Lloyd Sam Craig

5. Date of Birth of Child
(Month, day, year) Jan. 30, 1910

6. Sex Male 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Samuel Craig

11. Color White 12. Age at time of THIS birth 55 yrs.

13. Birthplace Illinois
(City or town) (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ava Nixon

17. Color white 18. Age at time of THIS birth 35 yrs.

19. Birthplace Clarkston, Wash.
(City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN signature** Idaho M.D. Midwife Address Idaho Date Idaho

State of.....Idaho County of.....Latah } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister in law of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 32 years, and that Dr. Stoneburner, who attended this birth deceased I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Craig Signature
Kendrick, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of November, 19 44.
(SEAL) [Signature] Notary Public, residing at Kendrick

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 4 - 1944 by Mabel H. H. H., Registrar.

State File No. _____
Local File No. _____
Dist. File No. _____

9 230

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 105, 1911 Session Laws, has not been recorded, it is the duty of the father to report any birth of such child to the Substantive Court, from which report the birth of such child shall be recorded in the records of the Bureau of Vital Statistics for the purposes and to be processed in Chapter 1, Title 30, Massachusetts Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

**BOTH
DELAYED**

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Dup of 1911-179222

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

437-212001-432

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **398235**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>St. Luke's Hospital</u> (e) Mothers stay BEFORE delivery: In THIS county years <u>5</u> months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>21</u> yrs.	
4. FULL NAME OF CHILD <u>Helen Mary McKinnon</u>		5. Date of Birth of Child (Month, day, year) <u>12 - 12 - 1910</u>	
6 Sex <u>Female</u>	7. Twin or Triplet _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Dougal Thomas McKinnon</u>		16. FULL MAIDEN NAME <u>Alice Belle McKibbin</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>30</u> yrs.		18. Age at time of THIS birth <u>21</u> yrs.	
13. Birthplace <u>Newmangrove Nebraska</u> (City or town) (State or foreign country)		19. Birthplace <u>Hailey Idaho</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Insurance Agent</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business _____		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of Iowa County of Pottawatomie ss. **AFFIDAVIT**
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 33 years, and that Dr. Smith who attended this birth _____ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

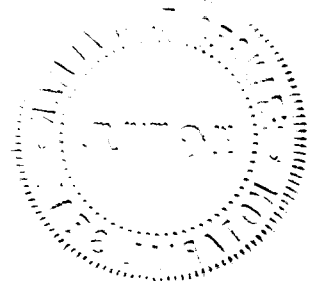
Subscribed and sworn to before me this 22nd day of November 1944
(SEAL) Frances E. Chapman, Notary Public, residing at Cottleville Iowa
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on DEC 4 - 1944 by Mabel H. Hader, Registrar

DEC 9 1911

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **398248**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bonneville</u> (b) City <u>Idaho Falls</u> (c) Street Address or R.F.D. No. <u>3</u> (d) Name of Hospital or Maternity Home: <u>None</u> (e) Mothers stay BEFORE delivery: In THIS county <u>9</u> years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bonneville</u> (c) City <u>Idaho Falls</u> (d) Street Address or R.F.D. No. <u>3</u> (e) How long has MOTHER lived in Idaho? <u>9</u> yrs.	
4. FULL NAME OF CHILD <u>Lester Gardner</u>		5. Date of Birth of Child <u>April 12 1910</u> (Month, day, year)	
6. Sex <u>male</u>	7. Twin or Triplet <u>-</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Nathaniel Gardner</u>	11. Color or Race <u>white</u>	16. FULL MAIDEN NAME <u>Rosetta Bird</u>	17. Color or Race <u>white</u>
13. Birthplace <u>Dayton Utah</u> (City or town) (State or foreign country)	12. Age at time of THIS birth <u>41</u> yrs.	18. Age at time of THIS birth <u>34</u> yrs.	19. Birthplace <u>Vermillion Utah</u> (City or town) (State or foreign country)
14. Exact Occupation <u>farmer</u>	15. Industry or Business <u>same</u>	20. Exact Occupation <u>housewife</u>	21. Industry or Business _____
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>None</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>8</u> (b) Born alive and now living <u>8</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife

AFFIDAVIT

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)
County of Bonneville }
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 34 years, and that Annie Hiatt who attended this birth deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 1st day of December 1944
(SEAL) E. E. Egan Notary Public, residing at Idaho Falls
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 6 - 1944 by Hubert H. Holder Registrar

DEC 6

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

495715042-864

398257

398257

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Kimberly
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN THIS county 2 years 11 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Kimberly
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
3. **RESIDENCE OF FATHER** (city, state) Kimberly, Ida.

4. **FULL NAME OF CHILD** WILLARD PAUL MINTUN
7. Twin or Triplet If so—born 1st, 2nd, 3rd
6. Sex Male

5. Date of Birth of Child (Month, day, year) Feb. 15, 1910
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** John Elmer Mintun
11. Color or Race white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Searnville, Nebraska
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Lucy Ellen Housel
17. Color or Race white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Stockham, Nebraska
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born at M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date

State of Idaho }
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 34 years, and that John Richard Morgan, who attended this birth is now deceased, I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucy E. Mintun Hatfield Signature
Buhl, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of December, 1944

(SEAL) Mabel Sandgren Notary Public, residing at Buhl, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 8 - 1944 by Mabel Helder Registrar.

APR 29 1965

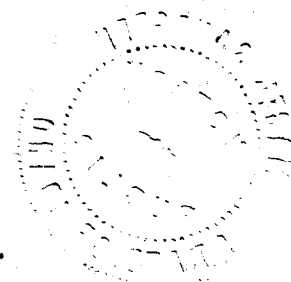
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DEC 8 030

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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813 101042 261

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

398258
State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Twin Falls (b) City Buhl

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

at home

(e) Mother's stay **BEFORE** delivery:

IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Twin Falls

(c) City Buhl

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

HENRY VICTOR HATFIELD

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

5. Date of Birth of Child

(Month, day, year) Dec. 1, 1910

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME William Rittenhouse Hatfield

11. Color or Race white 12. Age at time of THIS birth 35 yrs.

13. Birthplace Rushville, Illinois
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Selma Swanson

17. Color or Race white 18. Age at time of THIS birth 27 yrs.

19. Birthplace Sweden
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature

M.D. Midwife

Address

Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 34 years, and that

Dr. A. F. McClusky is now deceased who attended this birth. I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Rittenhouse Hatfield Signature
Buhl, Idaho

P. O. Address

Subscribed and sworn to before me this 4th day of December, 19 44

(SEAL)

Mabel Sandgren Notary Public, residing at Buhl, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on _____ by Mabel Sandgren, Registrar.

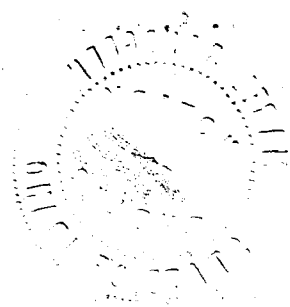
DEC 8 - 1944

DEC 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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623-10606-695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

398761 398261

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Cassia</u> (b) City <u>Marshallfield</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>at own home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>4</u> years <u>10</u> months <u>11</u> days <u>6</u>		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Cassia</u> (c) City <u>Marshallfield</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>5</u> yrs.	
4. FULL NAME OF CHILD <u>Carl Edward Osterhout</u>		5. Date of Birth of Child (Month, day, year) <u>Nov 6 1910</u>	
6 Sex <u>male</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy _____	9. Legitimate? _____
FATHER OF CHILD 10. FULL NAME <u>Leon B Osterhout</u> 11. Color or Race <u>white</u> 12. Age at time of THIS birth <u>32</u> yrs. 13. Birthplace <u>Cassia Idaho</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Katie Farrell Wynn</u> 17. Color or Race <u>white</u> 18. Age at time of THIS birth _____ yrs. 19. Birthplace <u>San Fork Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Farming</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Dr. Copeland</u>			
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of Idaho } **SS.**
County of Cassia }

I, the undersigned, being first duly sworn, say that I am the _____ (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 50 years of age, that I have known this person for 34 years, and that _____ (First name) (Last name), who attended this birth deceased I further (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 11 day of Dec.
(SEAL) Pauline Anderson, Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on Dec. 11-1914 by Mark F. Elder, Registrar

DEC 1 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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451-227001 168

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

398266

State File No. 398266
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>ADA</u> (b) City <u>BOISE</u> (c) Street Address or R.F.D. No. <u>612 No. 17A</u> (d) Name of Hospital or Maternity Home: (e) Mothers stay BEFORE delivery: In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>ADA</u> (c) City <u>BOISE</u> (d) Street Address or R.F.D. No. <u>612 No 17</u> (e) How long has MOTHER lived in Idaho? _____ yrs.	
4. FULL NAME OF CHILD <u>ZOE ADA DEMPSEY</u>		5. Date of Birth of Child (Month, day, year) <u>AUG 27 - 1910</u>	
6. Sex <u>FEMALE</u> 7. Twin or Triplet <u>1st, 2nd, 3rd</u>		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>YES</u>	
FATHER OF CHILD 10. FULL NAME <u>PAUL REVERE DEMPSEY</u> 11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth. <u>33</u> yrs. 13. Birthplace <u>LA FAYETTE, RIC</u> (City or town) (State or foreign country) 14. Exact Occupation <u>RETIRED</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Elmer Johnson</u> 17. Color or Race <u>WHITE</u> 18. Age at time of THIS birth <u>19</u> yrs. 19. Birthplace <u>Chicago Ill.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>HOUSE WIFE</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born 8/27/1910 at about 4 PM.
(Born alive, stillborn) 1910
and at the place stated above, and that personal particulars were furnished by Paul R Dempsey
(First name) (Last name)
who is related as Father
(Mother, etc.)

25. Attendant's OWN signature Paul R Dempsey **M.D. or Midwife** X **Address** RT 1 Bx 369 Pocatello **Date** 11/29/1944

State of OREGON **County of** WASHINGTON **ss.**

I, the undersigned, being first duly sworn, say that I am the FATHER of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 68 years of age, that I have known this person for 34 years, and that
Dr (First name) Smi-h (Last name), who attended this birth, (If now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

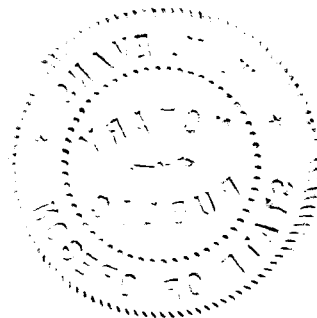
Subscribed and sworn to before me this 2nd day of December 1944
(SEAL) W M Evans Notary Public, residing at Signard Ore
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 12 1944 by Hubert Helder Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DEC 13 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

815-117001-967

398295

398295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Mendon
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 10 years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Mendon
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

4. **FULL NAME OF CHILD** George Han
6. Sex M
7. Twin or Triplet _____ If so—born _____
1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Mendon Ida
5. Date of Birth of Child _____
(Month, day, year) Oct 17-1910
8. No. months _____ of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** George W Han
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Marshallfield Mo
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Elizabeth Rogers
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Mo
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% silver nitrate sol.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at _____ M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mary Elizabeth Han
(First name) (Last name)
who is related as mother
(Mother, etc.)

25. Attendant's Mrs. B. B. B. M.D. Address Boise Ida Date Dec 18/44
OWN signature **Midwife**

State of _____
County of _____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that
(First name) (Last name)
_____, who attended this birth _____ I further
(Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Signature

P. O. Address
Subscribed and sworn to before me this _____ day of _____, 19____

(SEAL) _____, Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 3-1945 by Mary Han, Registrar
mailed to Mrs. Mary Han

JUN 23 1975

JAN 3 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

414 230 044 6/4

398319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

DEC 13 1944
CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No. XX
(d) Name of Hospital or Maternity Home: XX
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State _____ (b) County _____
(c) City _____
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? _____ yrs.

4. **FULL NAME OF CHILD** JoAnna Myrtle Madison
6 Sex Female 7. Twin or No 8. If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) _____
5. Date of Birth of Child (Month, day, year) Sept. 30, 1910
8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Joseph Madison
11. Color or Race White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Manti Utah
(City or town) (State or foreign country)
14. Exact Occupation _____
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Anna Wade
17. Color or Race White 18. Age at time of THIS birth 36 yrs.
19. Birthplace _____
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of Idaho
County of Ada

ss. (To be completed when the attendant does not sign in Item 25.)
AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the SISTER of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 34 years, and that Mrs. Allen Hurd who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
(First name) (Last name) (Is now deceased) or (Cannot be located)
ed under Chapter 139, 1937 Session Laws.

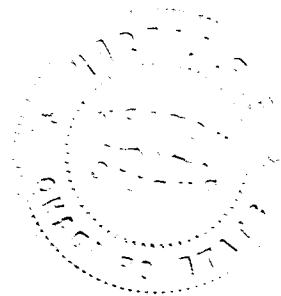
Mable M. Lovenson Signature
807 Main, Boise, Ida P. O. Address
Subscribed and sworn to before me this 5th day of December, 1944
(SEAL) E. H. Hansen Notary Public, residing at Boise, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 14 1944 by Mable H. Hurd Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

963 106-003 313

399440

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Bancroft</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>18</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Bancroft</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>17</u> yrs.	
4. FULL NAME OF CHILD <u>Charles Ira Rolland</u>		5. Date of Birth of Child (Month, day, year) <u>April 6, 1910</u>	
6. Sex <u>M</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Joseph Charles Rolland</u>	14. Exact Occupation <u>Ranch hand</u>	16. FULL MAIDEN NAME <u>Charlotte Fanny Call</u>	20. Exact Occupation <u>House wife</u>
11. Color or Race <u>White</u>	12. Age at time of THIS birth <u>27</u> yrs.	17. Color or Race <u>white</u>	18. Age at time of THIS birth <u>18</u> yrs.
13. Birthplace <u>Unknown</u> (City or town) (State or foreign country)		19. Birthplace <u>After Wyoming</u> (City or town) (State or foreign country)	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 4:30 P. M. on the date _____ (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Charlotte Call Hamoff (First name) (Last name)
who is related as Mother (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of Montana } ss. **AFFIDAVIT**
County of Carroll }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears (Mother, etc.)
in Item 4, above, that I am now 52 years of age, that I have known this person for 34 years, and that Alice Hot Aston Mudry who attended this birth deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Charlotte Call Hamoff Signature
Hamilton Mont P. O. Address
December
Subscribed and sworn to before me this 5th day of _____
(SEAL) E. Malcom Notary Public, residing at Hamilton Mont
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 19 1944 by [Signature] Registrar

DEC 8 0 3ED

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

753 105016 493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **399474**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Res.
(e) Mothers stay **BEFORE** delivery:
In **THIS** county Yes years _____ months _____ days _____
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
3. **RESIDENCE OF FATHER** (city, state) Oakley Idaho
4. **FULL NAME OF CHILD** Harold Millard Peterson
5. Date of Birth of Child
(Month, day, year) Jan. 5 1910
6. Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Nels Robert Peterson
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Jokping Sweden
(City or town) (State or foreign country)
14. Exact Occupation Store Clerk
15. Industry or Business _____
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Allice Elizabeth Millard
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Farmington Utah
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child. _____ (b) Born alive and now living. _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)
25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

- State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)
County of Cassia }
I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 34 years, and that Dr. A. F. O. Nielson who attended this birth is now deceased. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
- (First name) (Last name) (Is now deceased) or (Cannot be located)

- Nels R. Peterson Signature
Oakley Idaho P. O. Address
Subscribed and sworn to before me this 12 day of December, 1944.
(SEAL) G. H. Larson Notary Public, residing at Oakley Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 22 1944 by Malcolm H. Bladen, Registrar

DEC 28 1944

SEP 13 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

666-254-206-142
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

339579
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. RPD
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 1 years 6 months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley RPD
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Virginia Caroline Woodring
Female
5. **Date of Birth of Child**
(Month, day, year) 11/24/1910
6. **Sex** _____
7. **Twin or Triplet** _____
8. **No. months of Pregnancy** 9
9. **Legitimate?** Yes

- FATHER OF CHILD**
10. **FULL NAME** John Jacob Woodring
11. **Color or Race** White
12. **Age at time of THIS birth** 32 yrs.
13. **Birthplace** Elk City Kansas
(City or town) (State or foreign country)
14. **Exact Occupation** Farming
15. **Industry or Business** _____

- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Zina Rhendela Justusen
17. **Color or Race** White
18. **Age at time of THIS birth** 31 yrs.
19. **Birthplace** Nephi Utah
(City or town) (State or foreign country)
20. **Exact Occupation** Housewife
21. **Industry or Business** _____

22. **Name prophylactic used to prevent Ophthalmia Neonatorum** _____
23. **Number of children of this mother:** (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 12 P.M. on the date _____ and at the place stated above, and that personal particulars were furnished by Zina R. Woodring who is related as Mother (Mother, etc.)
(First name) (Last name)
25. **Attendant's OWN signature** Deceased **M.D. Address** _____ **Date** _____
Midwife _____

- State of** _____ **County of** _____ ss. (To be completed when the attendant does not sign in Item 25.)
- I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 34 years, and that _____ who attended this birth Deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
(First name) (Last name) (Is now deceased) or (Cannot be located)
- ed under Chapter 139, 1937 Session Laws.

- Subscribed and sworn to before me this 8th day of January, 1945
(SEAL) My Commission expires April 26th 1948, Notary Public, residing at Shelley, ID
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

- Received for filing on JAN 12 1945 by Mabel H. Hedges, Registrar

272008

NOV 1 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

459-117-222-855

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **399880**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Fremont</u> (b) City <u>Farnum</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county <u>10</u> years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Fremont</u> (c) City <u>Farnum</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>10</u> yrs.	
4. FULL NAME OF CHILD <u>Charles Ira Merrick</u>		5. Date of Birth of Child <u>April 17 1910</u> (Month, day, year)	
6. Sex <u>Male</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>George Fredrick Lewis Merrick</u>		16. FULL MAIDEN NAME <u>Hattie Henry</u>	
11. Color <u>White</u> 12. Age at time <u>39</u> or Race <u>M</u> of THIS birth _____ yrs.		17. Color <u>white</u> 18. Age at time <u>38</u> or Race _____ of THIS birth _____ yrs.	
13. Birthplace <u>Mt. Pleasant Utah</u> (City or town) (State or foreign country)		19. Birthplace <u>Bloomington Ill.</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business _____		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Silver Iodide</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living _____			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 10 p. M. on the date _____ (Born alive, stillborn) George Merrick
and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name)
who is related as Father (Mother, etc.)
25. Attendant's OWN signature [Signature] **M.D. Address** [Signature] **Date** 1-9-45
State of _____ **County of** _____ **ss.** _____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth _____ I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Signature _____

P. O. Address _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

(SEAL)

_____, Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1945 by [Signature], Registrar

022000

1961 JAN 5 1 NVP

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

533-24002-13

399582

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce CERTIFICATE OF BIRTH Local Reg. No.
Bureau of the Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Adams</u> (b) City <u>Indian Valley</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mother's stay BEFORE delivery: IN THIS county <u>8</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Adams</u> (c) City <u>Indian Valley</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>16</u> yrs.	
4. FULL NAME OF CHILD <u>Maureen Jewell Ellis</u>		5. Date of Birth of Child (Month, day, year) <u>Sep 2. 14, 1910</u>	
6. Sex <u>Female</u> 7. Twin or Triplet _____ If so—born _____ 1st, 2nd, 3rd _____		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Seeth-Lemuel H Ellis</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>37</u> yrs. 13. Birthplace <u>Anawan, Illinois (Henry County)</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Laura Bell Jackson</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>35</u> yrs. 19. Birthplace <u>Triplitt, Missouri</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by _____, who is related to this child as _____ (First name) (Last name) (Mother, etc.)

25. Attendant's OWN signature _____ **M.D.** _____ **Address** _____ **Date** _____

State of Oregon County of Multnomah } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 34 years, and that D. C. Smith (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Bell Ellis Signature
2412 N. E. Union Ave Portland, Ore. P. O. Address
Subscribed and sworn to before me this 29th day of September 1944
(SEAL) Shirley Smith NOTARY PUBLIC FOR OREGON, residing at Portland
(Note: Perjury is punishable as a felony in Idaho; see Sec. 11-914, Idaho Code Annotated.)

Received for filing on JAN 12 1945 by Mabel Helder Registrar.

302222

JAN 15 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics ~~for the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

28106-028-268

399583

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Harrison Hospital
(e) Mother's stay BEFORE delivery:
IN THIS county 3 years - months - days

4. FULL NAME OF CHILD

John William Shauler

6. Sex Male 7. Twin or Triplet If so born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME John Archibald Shauler
11. Color White 12. Age at time of THIS birth 31 yrs.
or Race White
13. Birthplace Kingston, Missouri
(City or town) (State or foreign country)
14. Exact Occupation Spiritual Retailer
15. Industry or Business Spiritual

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai
(c) City Fernwood
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state)

Fernwood, Idaho

5. Date of Birth of Child

(Month, day, year) Mar 6 1910

8. No. months of Pregnancy 9 9. Legitimate? Yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Sylvia Agnes Boyd
17. Color White 18. Age at time of THIS birth 18 yrs.
or Race White
19. Birthplace Jefferson City, Mo.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 12 M. on the date (Born alive or stillborn)
and at the place stated above, and that personal particulars were furnished by Sylvia Shauler, who is related to this child as mother (First name) (Last name)

25. Attendant's OWN signature G. K. Ryan M.D. Midwife

Address Spokane, Wn Date 1/8/45

State of
County of ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth I further state that (First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before this day of 19.....

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1945 by Robert H. Ryan, Registrar.

166000

JAN 1 5 1955

FEB 25 1955

FEB 28 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

469-1071022-255

400755

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.....
Local Reg. No.....
Reg. Dist. No.....

JAN 15 1945

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Kilgore
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:.....
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Kilgore
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 2 1/2 yrs.

4. **FULL NAME OF CHILD** Robert Fremont Mortensen

3. **RESIDENCE OF FATHER** (city, state) Kilgore Idaho
5. Date of Birth of Child
(Month, day, year) Aug. 7, 1910

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Peter Alonzo Mortensen
11. Color White 12. Age at time of THIS birth 38 yrs.
13. Birthplace askan utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Ellen Bennett
17. Color White 18. Age at time of THIS birth 39 yrs.
19. Birthplace Kaysville utah
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date.....
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date
State of Montana County of Lake } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 38 years, and that Dr. Thos. Turtan who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Elsie Mortensen Signature
Morese Montana P. O. Address

Subscribed and sworn to before me this 28 day of October, 1942
(SEAL) [Signature] Notary Public, residing at.....
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....by.....Registrar.

237004

JAN 1 9 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

819-224-225-695

400757

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Idaho
City of Elk City, Idaho
No. _____ St. _____

Registration District No. _____ State File No. _____

(If born in hospital or institution give name.) Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Margaret Claire Harsh

3. Sex <u>F</u>	If plural births {	4. Twin, triplet, or other. _____	6. Premature. _____	7. Legitimate? <u>Yes</u>	8. Date of birth <u>11-24-1910</u> (Month, Day, Year)
		5. Number, in order of birth. _____	Full term <u>Yes</u>		

9. Full name FATHER
Frank Harsh

10. Residence (usual place of abode)
(If non-resident, give place and State) same

11. Color or race W | 12. Age at last birthday 37 (years)

13. Birthplace (city or place)
(State or Country) Chicago, Ill.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own farm

16. Date (month and year) last engaged in this work Nov. 1910

17. Total time (years) spent in this work 10 yrs.

18. Full X maiden name MOTHER
Margaret Anne Finney

19. Residence (usual place of abode)
(If non-resident, give place and State) same

20. Color or race W | 21. Age at last birthday 33 (years)

22. Birthplace (city or place)
(State or Country) New Castle, England

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol

28. Number of children of this mother 1 (At time of this birth and including this child) X

(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of stillbirth _____ { Before labor. _____ During labor. _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
born alive

I hereby certify that I attended the birth of this child, who was _____ at 5 p.m. on the date above stated.

(Born Alive or Stillborn)

(Signed) W. F. Mc Mahan, M. D.

or _____, Midwife

Address (Present) Lewiston, Idaho

Filed JAN 17 1945, 193____

Registrar.

Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report _____
(Date of) _____

ON 10-11-41

JAN 1 9 1945

RECEIVED

10-11-41

10-11-41

10-11-41

10-11-41

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

766-205-028-249

400829

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Kootenai</u> (b) City <u>Granite</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>At home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>3</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Kootenai</u> (c) City <u>Granite</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>From 1907 until death 1938</u> yrs.	
4. FULL NAME OF CHILD <u>Agatha Gertrude Rooks</u>		3. RESIDENCE OF FATHER (city, state) <u>Granite, Idaho</u> 5. Date of Birth of Child (Month, day, year) <u>April 5, 1910</u>	

6. Sex <u>Female</u> 7. Twin or Triplet <u>X</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>		10. FULL NAME <u>William Henry Rooks</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>46</u> yrs. 13. Birthplace <u>Gault, Missouri</u> (City or town) (State or foreign country) 14. Exact Occupation 15. Industry or Business		16. FULL MAIDEN NAME <u>Mary Emma Smith</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>43</u> yrs. 19. Birthplace <u>Iowa</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>X</u>	
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22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's M.D. Address Date
OWN signature Midwife

State of Washington } ss.
County of King }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister of the person whose name appears in Item 4,
above, that I am now 48 years of age, that I have known this person for 33 years, and that
Doctor F. Wentz (First name) (Last name), who attended this birth Now deceased I further
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws. (Is now deceased) or (Cannot be located)

Althea E. Drennon Signature
4743 35th Ave So. Seattle Wn. O. Address

Subscribed and sworn to before me this 12th day of October, 1943.
(SEAL) James J. Foley Notary Public, residing at Seattle
(Note: Perjury is punishable as a felony in Idaho; see Sec. 7-914, Idaho Code Annotated.)

Received for filing on JAN 24 1945 by Robert H. Hagen Registrar.

FEB 24 1971

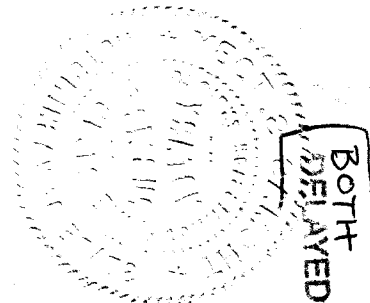
JAN 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Dup of 1910-7569



BOTH
DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

362-110-006-398

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **400830**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Moreland
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 7 years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County BINGHAM
(c) City Moreland
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

4. **FULL NAME OF CHILD** HAROLD JULIAN COBBLEY

5. **Date of Birth of Child**
(Month, day, year) OCT. 10, 1910

6. Sex male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? _____

FATHER OF CHILD
10. **FULL NAME** ELMER WILLIAM COBBLEY
11. Color White 12. Age at time of THIS birth 21 yrs.
13. Birthplace Pleasant Grove City Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** LOTTIE CRYSTAL
17. Color White 18. Age at time of THIS birth 20 yrs.
19. Birthplace American Fork City Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife _____

AFFIDAVIT

State of _____ } ss. (To be completed when the attendant does not sign in Item 25.)
County of _____ }
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 34 years, and that Mary Monson who attended this birth is deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Mrs Lottie Cobbley Signature
Pingree Idaho P. O. Address

Subscribed and sworn to before me this 19 day of January, 1945.
(SEAL) Orson Packham Notary Public, residing at Blackfoot
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Idaho

Received for filing on JAN 24 1945 by Mabel Fisher, Registrar

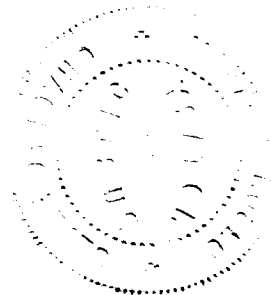
FEB 8 1945

JAN 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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365-224-029-464

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **400834**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Latah</u> (b) City <u>Moscow</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mothers stay BEFORE delivery: In THIS county _____ years <u>6</u> months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Moscow</u> (d) Street Address or R.F.D. No. <u>1st & Jefferson</u> (e) How long has MOTHER lived in Idaho? <u>3 1/2</u> yrs.	
4. FULL NAME OF CHILD <u>Witch Dori Corvington</u>		3. RESIDENCE OF FATHER (city, state) <u>Moscow, Idaho</u>	
6. Sex <u>Male</u> 7. Twin or Triplet _____ 8. No. months of Pregnancy <u>9</u>		5. Date of Birth of Child (Month, day, year) <u>Feb. 24-1910</u> 9. Legitimate? <u>Yes</u>	
FATHER OF CHILD 10. FULL NAME <u>Louis Rebauagh Corvington</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>37</u> yrs. 13. Birthplace (City or town) <u>Keokuk</u> (State or foreign country) <u>Iowa</u> 14. Exact Occupation <u>Molecular groing</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Agnes Bora Dodge</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>36</u> yrs. 19. Birthplace (City or town) <u>St. Clair</u> (State or foreign country) <u>Iowa</u> 20. Exact Occupation <u>Home girl</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>Yes</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____

State of OREGON **County of** Multnomah **ss.** _____

I, the undersigned, being first duly sworn, say that I am the _____ mother _____ of the person whose name appears in Item 4, above, that I am now _____ 70 _____ years of age, that I have known this person for _____ 34 _____ years, and that _____ clark _____, who attended this birth, is deceased _____ I further _____ (First name) _____ (Last name) _____ (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC FOR OREGON
My Commission Expires July 8, 1946

Subscribed and sworn to before me this 19th day of January, 1945
(SEAL) Jean C. Beaudery, Notary Public, residing at Portland, Ore
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1945 by Mabel H. H. H., Registrar

JAN 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

45125-040212

400847

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County SHOSHONE (b) City WALLACE
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home:
PROVIDENCE-HOSPITAL
(e) Mothers stay BEFORE delivery:
In THIS county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAH (b) County SHOSHONE
(c) City WALLACE
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 16 yrs.

4. **FULL NAME OF CHILD** FLOYD-ARNOLD-DAVIS

5. **Date of Birth of Child**
(Month, day, year) JAN-25-1911

6. Sex MALE 7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd 3RD

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** HENRY-CALVIN-DAVIS
11. Color or Race WHITE 12. Age at time of THIS birth 29 yrs.
13. Birthplace SPRINGFIELD (City or town) MO. (State or foreign country)
14. Exact Occupation MINER
15. Industry or Business MINING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CLARA-CAROLINE-BAST.
17. Color or Race WHITE 18. Age at time of THIS birth 33 yrs.
19. Birthplace POISE (City or town) IDAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business CARE OF HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)
25. Attendant's OWN signature H. Snowberry M.D. Address Wallace Date _____ Midwife

State of _____ }
County of _____ }

ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth _____ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
(First name) (Last name) (Is now deceased) or (Cannot be located)

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19 _____

(SEAL)

_____, Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1945 by Mary Bell, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

953-221-018-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **400849**
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Clearwater</u> (b) City <u>Gilbert</u> (c) Street Address or R.F.D. No..... (d) Name of Hospital or Maternity Home:..... (e) Mothers stay BEFORE delivery: In THIS county <u>4</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Clearwater</u> (c) City <u>Gilbert</u> (d) Street Address or R.F.D. No..... (e) How long has MOTHER lived in Idaho? <u>5</u> yrs.	
4. FULL NAME OF CHILD <u>Edith Emily Rettig</u>		3. RESIDENCE OF FATHER (city, state) <u>Gilbert, Idaho</u>	
6. Sex <u>Female</u>		5. Date of Birth of Child (Month, day, year) <u>July 21 - 1910</u>	
7. Twin or Triplet		8. No. months of Pregnancy <u>Nine</u>	
9. Legitimate? <u>yes</u>			
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Andrew Henry Rettig</u>		16. FULL MAIDEN NAME <u>Sarah Lavina Smith</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>29</u> yrs.		18. Age at time of THIS birth <u>20</u> yrs.	
13. Birthplace <u>Helgate Ohio</u> (City or town) (State or foreign country)		19. Birthplace <u>Rockport Illinois</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Lumber Industry</u>		20. Exact Occupation <u>House Wife</u>	
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living Four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... at..... M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by.....
(First name) (Last name)
who is related as.....
(Mother, etc.)

25. Attendant's
OWN signature M.D. Address Date
Midwife

State of Oregon } ss.
County of Malheur

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 54 years of age, that I have known this person for 34 years, and that
Doctor Farley who attended this birth is dead
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

Sarah Lavina Smith Rettig Signature
Willowcreek, Oregon P. O. Address

Subscribed and sworn to before me this 22nd. day of January, 1945
(SEAL) My Commission expires June 17th., 1947 David H. Graham
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotations) Notary Public, residing at Vale, Oregon
in Oregon.

Received for filing on JAN 25 1945 by Malheur Registrar.

48000

JAN 26 1915

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400871
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Bingham (b) City Blackfoot, Idaho
(c) Street address or R. F. D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home at home Days
In THIS County years months days

2. USUAL RESIDENCE of MOTHER (Always fill in these)

(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street address or R. F. D. No. _____
(e) How long has MOTHER lived in Idaho? _____ yrs.
(f) Mother's mailing address (for registration notice):
490 North Stout Street, Blackfoot
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Blackfoot

4. FULL NAME OF CHILD

Moss Gooding Hoover

5. DATE OF BIRTH

(Month, day, year) Jan. 8, 1910

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate Yes

FATHER OF CHILD

10. FULL NAME

Clayton, A. Hoover

11. Color or Race White

12. Age at time or THIS birth 56 yrs.

13. Birthplace Washington, D.C.
(City or Town) (State or foreign country)

14. Exact Occupation Physician & Surgeon

15. Industry or Business Medical Superintendant
State Hospital, Blackfoot,

MOTHER OF CHILD

16. FULL MAIDEN NAME

Bessie R. Brown.

17. Color or Race White

18. Age at time or THIS birth 37 yrs.

19. Birthplace Salt Lake City, Utah.
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Was a standard serological test for syphilis performed? Yes _____ No _____ Approximate date Jan.

23. Name prophylactic used to prevent Ophthalmia Neonatorum Neosilvol 10%

24. Number of children to this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead 0 (d) Stillborn 0

25. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 2:00A.M. on the date _____ (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished Bessie Hoover, who is _____ (First name) (Last name)
related to this child as Mother. (Mother, etc.)

27. (a) JAN 29 1945
(Date received)

(b) [Signature]
(Registrar's signature)

28. Given name added on _____ by _____
(Registrar's signature)

26. Attendant's OWN signature [Signature], M. D.
(D.O., Midwife, etc.)
and address Blackfoot Date 1-23-45

JAN 2 9 1945

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, **within 10 days after the date of birth**; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less interval than 10 days after the birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * * any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(b) Labor: Complications: _____

(2) Birth Injury? _____

Describe: _____

Induced? _____

(e) Signature of Physician: _____

(c) State all operations for delivery _____

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

194-204-204-818

400898

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Beaumont (b) City Montpelier
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: 1
(e) Mothers stay **BEFORE** delivery: ☒
In **THIS** county 27 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Beaumont
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

4. **FULL NAME OF CHILD** Mary Ruth Armatage
7. Twin or Triplet ☐ If so—born 1st, 2nd, 3rd

5. Date of Birth of Child June 1, 1910
(Month, day, year)
8. No. months of Pregnancy 9 9. Legitimate? yes

6. Sex female
FATHER OF CHILD
10. **FULL NAME** Samuel Richard Armatage
11. Color or Race white 12. Age at time of THIS birth 28 yrs.
13. Birthplace Beaumont, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Zina Ruth Hayes
17. Color or Race white 18. Age at time of THIS birth yrs.
19. Birthplace Beaumont, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10% Sol.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 11 A M. on the date June 1, 1910 and at the place stated above, and that personal particulars were furnished by Zina Ruth Armatage who is related as mother (Mother, etc.)

25. Attendant's Zina Ruth Armatage M.D. Address Alameda Calif Date 1-23-45
OWN signature (Midwife)

State of Idaho County of Beaumont ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 34 years, and that D. R. Painter, M.D. who attended this birth cannot be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Zina Ruth Armatage Signature
Montpelier Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of January 1945
(SEAL) Albert W. Jones Notary Public, Residing at Montpelier Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-24, Idaho Code Annotated.) My Commission Expires April 12, 1946

Received for filing on JAN 30 1945 by Mary Fielder Registrar.

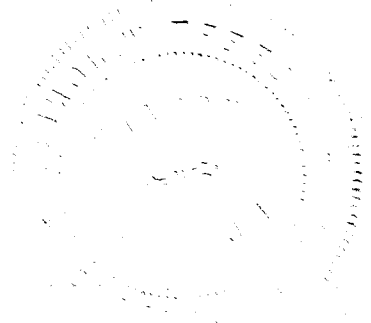
1916

FEB 1 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

693-224-014132

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **400976**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City
(c) Street Address or R.F.D. No. New Plymouth
(d) Name of Hospital or Maternity Home: Private Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 10 years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City
(d) Street Address or R.F.D. No. New Plymouth
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Dwina Elizabeth Ficht
5. Date of Birth of Child (Month, day, year) 1-24-1910
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|--|--|---|
| 10. FULL NAME <u>Oscar Bernhard Ficht</u> | 16. FULL MAIDEN NAME <u>Lillian Lillie Elizabeth Albert</u> | 17. Color or Race <u>White</u> | 18. Age at time of THIS birth <u>24</u> yrs. |
| 11. Birthplace <u>Brooklyn, New York</u>
(City or town) (State or foreign country) | 17. Color or Race <u>White</u> | 18. Age at time of THIS birth <u>24</u> yrs. | 19. Birthplace <u>Dushore, Penn.</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation <u>Farmer</u> | 20. Exact Occupation <u>Housewife</u> | 21. Industry or Business | 21. Industry or Business |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 2 A.M. on the date 2-1-1945 and at the place stated above, and that personal particulars are furnished by Lillie Elizabeth Ficht who is related as mother (First name) (Last name) (Mother, etc.)
25. Attendant's **OWN** signature (NO ATTENDANT PRESENT) M.D. Address LaCenter, Wash- Date 2-1-1945
OWN signature Midwife Rt #1, Box #71

- State of Washington } ss.
County of Clark }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

- I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 35 years, and that Dr. William T. Drysdale, who attended this birth, cannot be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (First name) (Last name) (Is now deceased) or (Cannot be located)

Lillie Elizabeth Ficht Signature
LaCenter, Wash. Rt. 1, Box 71 P. O. Address
#105 East 41st Street

Subscribed and sworn to before me this 1st day of February, 19 45
(SEAL) J. F. Tuttle Notary Public, residing at Battle Ground, Wn.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

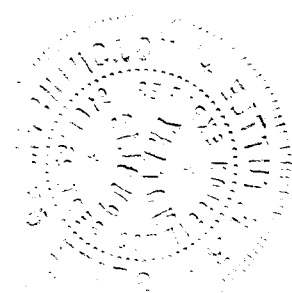
Received for filing on FEB 8 1945 by J. F. Tuttle Registrar

1916 6 231

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

418-224-010-236

400999

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Ammon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
In home of parents
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 8 years 10 months 9 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Ammon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
3. **RESIDENCE OF FATHER** (city, state) Ammon, Idaho

4. **FULL NAME OF CHILD** Alice Day
5. Date of Birth of Child (Month, day, year) Aug. 24, 1910
- 6 Sex Female 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

- FATHER OF CHILD**
10. **FULL NAME** Abraham John Day
11. Color or Race White 12. Age at time of THIS birth 47 yrs.
13. Birthplace Salt Lake City, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Lucy May Bloxham
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Marsh Valley, Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by who is related as
(Born alive, stillborn) (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature Idaho M.D. Address Idaho Date Idaho
Midwife

- State of Idaho } ss. **AFFIDAVIT**
County of Bonneville }

- I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 34 Yrs. 5 mos. 14 days who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.
- (First name) (Last name) (Is now deceased) or (Cannot be located)

- Lucy May Bloxham Day Signature
RFD #3 Idaho Falls, Idaho P. O. Address
Subscribed and sworn to before me this 7th day of February, 19 45
(SEAL) [Signature] Notary Public, residing at Idaho Falls, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

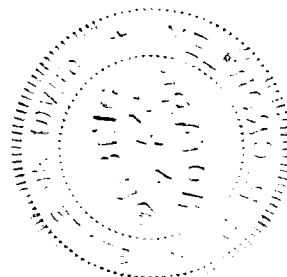
- Received for filing on FEB 12 1945 by Maude Helder, Registrar

FEB 12 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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369-106-214-266
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

401049 401049
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Canyon</u> (b) City <u>Caldwell</u> (c) Street Address or R.F.D. No. <u>20th & Arthur sts</u> (d) Name of Hospital or Maternity Home: <u>At Home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>1</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Canyon</u> (c) City <u>Caldwell</u> (d) Street Address or R.F.D. No. <u>20th & Arthur</u> (e) How long has MOTHER lived in Idaho? <u>56</u> yrs.	
4. FULL NAME OF CHILD <u>William Homer Torrance</u>		5. Date of Birth of Child (Month, day, year) <u>Nov. 6, 1910</u>	
6 Sex <u>Male</u>	7. Twin or Triplet <u>If so—born 1st, 2nd, 3rd</u>	8. No. months of Pregnancy	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William Harding Torrance</u>		16. FULL MAIDEN NAME <u>Ma Boone</u>	
11. Color or Race <u>White</u> Age at time of THIS birth <u>38</u> yrs.		17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>35</u> yrs.	
13. Birthplace <u>Mexico City, Mo.</u> (City or town) (State or foreign country)		19. Birthplace <u>Whiterock Nevada</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Policeman</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum.			
23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living.			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife

State of Idaho ss. (To be completed when the attendant does not sign in Item 25.)
County of Ada

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for life years, and that Dr. Myers who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record under Chapter 139, 1937 Session Laws.

Signature _____
P. O. Address _____
Subscribed and sworn to before me this 6th day of March 1945 at Boise, Idaho
(SEAL) Pauline Anderson Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

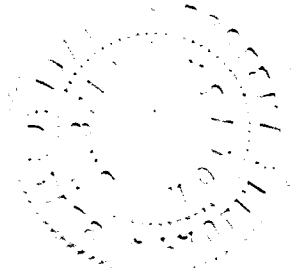
Received for filing on Mar. 6 - 1945 by Mabel Elder, Registrar

MAR 6 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

815-216-006-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **402147**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Wappello
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Private Own Home
(e) Mothers stay BEFORE delivery:
In THIS county 3 years 2 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Wapello
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 53 yrs.

4. FULL NAME OF CHILD Dora Esther Hanni
6. Sex Female
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

3. RESIDENCE OF FATHER (city, state) Idaho
5. Date of Birth of Child (Month, day, year) Oct. 16th 1910
8. No. months of Pregnancy 9
9. Legitimate? _____

FATHER OF CHILD
10. FULL NAME John Hanni
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Berne Switzerland
(City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business deceased

MOTHER OF CHILD
16. FULL MAIDEN NAME Eliza Stoll
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Berne Switzerland
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business deceased

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of Idaho
County of Butte

AFFIDAVIT

ss. (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 34 years, and that Mrs. Jorgensen who attended this birth is now deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martin H. Hanni Signature
Mosier Idaho P. O. Address

Subscribed and sworn to before me this 23 day of February, 1943
(SEAL) W. H. Payer Notary Public, residing at Pross, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1943 by Mabel Helge, Registrar

FEB 27 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

349-213 014-255
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

402159
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No. Presbyterian Church
(d) Name of Hospital or Maternity Home: Manse
Birth at home - Presbyterian Manse
(e) Mothers stay BEFORE delivery:
In THIS county 1 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No. Pres. Church
(e) How long has MOTHER lived in Idaho? 1 1/2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Payette, Idaho

4. **FULL NAME OF CHILD** Ethel Grace Turner
5. **Date of Birth of Child** (Month, day, year) 2/13/10
6 **Sex** Female 7. **Twin or Triplet** Triplet If so—born 1st, 2nd, 3rd
8. **No. months of Pregnancy** 9 9. **Legitimate?** Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>George Henry Turner</u>	16. FULL MAIDEN NAME <u>Leila Frances Beers</u>	11. Color or Race <u>White</u>	17. Color or Race <u>White</u>
12. Age at time of THIS birth <u>40 1/2</u> yrs.	18. Age at time of THIS birth <u>33</u> yrs.	13. Birthplace <u>Taylorville, Illinois</u> (City or town) (State or foreign country)	19. Birthplace <u>Lincoln, Illinois</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Pastor - Payette</u>	20. Exact Occupation <u>Housewife</u>	15. Industry or Business <u>Presbyterian Church</u>	21. Industry or Business

22. **Name prophylactic used to prevent Ophthalmia Neonatorum.** Unknown
23. **Number of children of this mother:** (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. **Attendant's OWN signature** _____ **M.D. Address** _____ **Date** _____
Midwife

State of Pennsylvania } ss. **AFFIDAVIT**
County of Philadelphia }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 35 years, and that Dr. Avery (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George H. Turner Signature
1334 W. 7th St., Wilmington, Del. P. O. Address
Subscribed before me this 24th day of February 1945
Anna J. Haller Notary Public, residing at Phila., Pa.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 - 1945 by _____, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

354 723.05 875
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

402202
State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 547 No. 4th Ave.
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay **BEFORE** delivery:
In **THIS** county one years months days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 547 No. 4th Ave.
(e) How long has **MOTHER** lived in Idaho? One yrs.
3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

4. **FULL NAME OF CHILD** Hazel Leone Lemming
5. Date of Birth of Child
(Month, day, year) June 23, 1910
- 6 Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|---|--|--|
| 10. FULL NAME <u>James A. Lemming</u> | 16. FULL MAIDEN NAME <u>Mary Hubbard</u> | | |
| 11. Color or Race <u>White</u> | 17. Color <u>White</u> | 12. Age at time of THIS birth <u>38</u> yrs. | 18. Age at time of THIS birth <u>26</u> yrs. |
| 13. Birthplace <u>War Eagle, Arkansas</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Cassia County, Idaho</u>
(City or town) (State or foreign country) | | |
| 14. Exact Occupation <u>Machinist Helper</u> | 20. Exact Occupation <u>Housewife</u> | | |
| 15. Industry or Business <u>Railroad</u> | 21. Industry or Business <u>Railroad</u> | | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 7 A.M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mary Lemming
(First name) (Last name)
who is related as mother
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife

- State of Idaho } ss. **AFFIDAVIT**
County of Bannock }

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now sixty-one years of age, that I have known this person for thirty-four years, and that
Dr. Charles Sprague who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 26th day of February, 1945.
(SEAL) J. A. M. Sullivan Notary Public, residing at Pocatello, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 - 1945 by Mabel Helder, Registrar

MAR 7 1945

MAR

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **402237**
Local Reg. No. **15**
Reg. Dist. No. **1**

1. PLACE OF BIRTH (All items at time of this birth)
(a) County **Blaine** (b) City **Georgetown**
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: **Born at Residence**
(e) Mothers stay BEFORE delivery:
In THIS county _____ years _____ months _____ days

4. FULL NAME OF CHILD **Mervyn Dean Hoff**

6 Sex **Male** 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State **Idaho** (b) County **Blaine**
(c) City **Georgetown**
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? **32** yrs.

3. RESIDENCE OF FATHER (city, state) **Georgetown Idaho**

5. Date of Birth of Child (Month, day, year) **July 12, 1910**

8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD

10. FULL NAME **William Henry Hoff**

11. Color or Race **White** 12. Age at time of THIS birth **39** yrs.

13. Birthplace **Resident there Utah**
(City or town) (State or foreign country)

14. Exact Occupation **Farming**

15. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child **4** (b) Born alive and now living **4**

MOTHER OF CHILD

16. FULL MAIDEN NAME **Polly Jane Hayes**

17. Color or Race **White** 18. Age at time of THIS birth **32** yrs.

19. Birthplace **Georgetown Idaho**
(City or town) (State or foreign country)

20. Exact Occupation **Housewife**

21. Industry or Business _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was **Born alive** at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by **Polly Jane Hoff** who is related as **Mother** (First name) (Last name)

25. Attendant's OWN signature **[Signature]** M.D. **[Signature]** Address **11 N. Ringwood** Date **3/2/1945**

State of _____ } ss. (To be completed when the attendant does not sign in Item 25.)
County of _____ }
I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth _____ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this _____ day of _____, 19____
(SEAL) _____, Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **JAN 25 1945** by _____, Registrar

MAR 8 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

SEP 2 1949

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

745-119 029-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **402244**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>LATAH</u> (b) City <u>TROY</u> (c) Street Address or R.F.D. No. <u>2</u> (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>12</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Latah</u> (c) City <u>Troy,</u> (d) Street Address or R.F.D. No. <u>2</u> (e) How long has MOTHER lived in Idaho? <u>14</u> yrs.	
4. FULL NAME OF CHILD <u>LEONARD THOR GUNNARSON</u>		5. Date of Birth of Child (Month, day, year) <u>MARCH 19, 1910</u>	
6 Sex <u>Male</u>	7. Twin or Triplet <u>1st, 2nd, 3rd</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>GUST ARRON GUNNARSON</u> 11. Color or Race <u>WHITE</u> 12. Age at time of THIS birth <u>40</u> yrs. 13. Birthplace <u>SWEDEN</u> (City or town) (State or foreign country) 14. Exact Occupation <u>FARMER</u> 15. Industry or Business		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>LINA BENSON</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>41</u> yrs. 19. Birthplace <u>SWEDEN</u> (City or town) (State or foreign country) 20. Exact Occupation <u>HOUSEWIFE</u> 21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum			
23. Number of children of this mother: (a) At time of birth and including this child <u>6</u> (b) Born alive and now living <u>4th</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature **M.D. Address** **Date**
Midwife

State of IDAHO } ss. **AFFIDAVIT**
County of LATAH } (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 76 years of age, that I have known this person for all his life years, and that MRS PETE HOIDAL who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 24th day of Feb., 1945
(SEAL) [Signature] Notary Public, residing at TROY IDAHO
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1945 by [Signature], Registrar

MAR 8 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

663 123 028 893
United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

MAR 12 1945

CERTIFICATE OF BIRTH
STATE OF IDAHO

402284

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH:

(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home _____ days.
In THIS county 6 years _____ months _____ days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address (For registration notice):
Post Falls, Idaho
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME
OF CHILD

Sigurd Magnus Nollan

5. Date of Birth
(Month, day, year) Dec. 23, 1910

6. Sex

Male

7. Twin or
Triplet

If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL
NAME

Nelan R. Nollan

11. Color
or Race

White

12. Age at time
of THIS birth 26 yrs.

13. Birthplace

(City or Town)

(State or foreign country)

Minnesota

14. Exact
Occupation

Florist

15. Industry or
Business

Same

MOTHER OF CHILD

16. FULL MAIDEN
NAME

Cora E. Hicks

17. Color
or Race

White

18. Age at time
of THIS birth 20 yrs.

19. Birthplace

(City or Town)

(State or foreign country)

DeSmet, So. Dakota

20. Exact
Occupation

Housewife

21. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

5% Argrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 7 P. M. on the date
(born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Nels Nollan, who is
(First name) (Last name)

related to this child as father
(Mother, etc.)

26. (a) 3-6-45
(Date received)

(b) Marie Higgins
(Registrar's signature)

27. Given name added on _____ by _____
(Registrar's Signature)

25. Attendant's
OWN signature John Wood M.D.
(D.O., Midwife, etc.)

and address Post Falls, Idaho Date Mar. 25, 45

202504

JUL 15 1952

REGISTRATION OF BIRTHS **LOCAL REGISTRATION OF BIRTHS**

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT (Not for certified copies)

<p>(a) Pregnancy: Complications of..... </p> <p>(b) Labor: Complications:..... Induced?..... </p> <p>(c) Was there an operation for delivery?..... State all operations:..... </p>	<p>(d) Did baby have any:</p> <p>(1) Congenital Malformation?..... Describe:</p> <p>(2) Birth Injury?</p> <p>Describe:</p> <p>(3) Was mother given a Wasserman before delivery?..... </p> <p>(4) Signature of Physician:..... </p>
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993 222036-469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **402365**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oreida (b) City Samaris
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 35 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oreida
(c) City Samaris
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

4. **FULL NAME OF CHILD** Margaret Richards
Twin or Triplet If so—born 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Samaris, Idaho
5. Date of Birth of Child (Month, day, year) April 22, 1910
8. No. months of Pregnancy nine 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Thomas Lewellyn Richards
11. Color or Race White 12. Age at time of THIS birth 54 yrs.
13. Birthplace Malad - Idaho
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Margaret Morse
17. Color or Race White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Coleville, Utah
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by
(First name) (Last name)
who is related as
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Address Date
Midwife

State of California ss.
County of Sacramento

I, the undersigned, being first duly sworn, say that I am the Brother of the person whose name appears in Item 4,
above that I am now 42 years of age, that I have known this person for 34 years, and that
Dr. J. M. Kerns who attended this birth is now deceased I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

J. M. Richards Signature
Sacramento, California P. O. Address

Subscribed and sworn to before me this 13 day of March, 1945.
(SEAL) John R. Sayre Notary Public, residing at Samaris City
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-91, Idaho Code Annotated.)

Received for filing on MAR 20 1945 by Malcolm Helger Registrar.

MAR 2 1 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

649 211 006 719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **403406**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>Blackfoot</u> (c) Street Address or R.F.D. No. <u>2</u> (d) Name of Hospital or Maternity Home: <u>Delivered at home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>20</u> years <u>6</u> months <u>1</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Blackfoot</u> (d) Street Address or R.F.D. No. <u>2</u> (e) How long has MOTHER lived in Idaho? <u>25</u> yrs.	
4. FULL NAME OF CHILD <u>Zirita Furniss</u>		5. Date of Birth of Child (Month, day, year) <u>June 11, 1910</u>	
6. Sex <u>female</u>	7. Twin or Triplet If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Thomas Edward Furniss</u>	11. Color or Race <u>White</u>	16. FULL MAIDEN NAME <u>Della Marie Parsons</u>	17. Color or Race <u>White</u>
12. Age at time of THIS birth <u>32</u> yrs.	13. Birthplace <u>Ogden, Utah</u> (City or town) (State or foreign country)	18. Age at time of THIS birth <u>25</u> yrs.	19. Birthplace <u>Blackfoot, Idaho</u> (City or town) (State or foreign country)
14. Exact Occupation <u>farmer</u>	15. Industry or Business <u>farming</u>	20. Exact Occupation <u>Housewife</u>	21. Industry or Business
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 11:00 P. M. on the date _____ and at the place stated above, and that personal particulars were furnished by Della Furniss who is related as Mother
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature Midwife deceased **M.D.** Midwife **Address** _____ **Date** _____

State of Oregon **County of** Umatilla } ss. **AFFIDAVIT**

I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4 above, that I am now 66 years of age, that I have known this person for all her life years, and that Elizabeth Furniss who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas E. Furniss Signature
Penelope Ore P. O. Address
Subscribed and sworn to before me this 19 day of March 1945
(SEAL) Irma Denison Notary Public, residing at Penelope
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

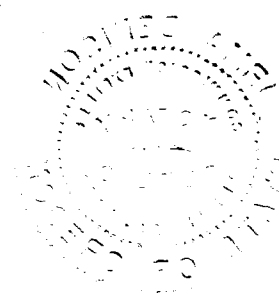
Received for filing on MAR 22 1945 by Mary Miller, Registrar

MAR 23 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

676-106-042-7493

403509

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **403509**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Twin Falls</u> (b) City <u>Twin Falls</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county <u>3</u> years <u>8</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Twin Falls</u> (c) City <u>Twin Falls</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>37</u> yrs.	
4. FULL NAME OF CHILD <u>Lucas Leon Trout</u>		5. Date of Birth of Child (Month, day, year) <u>Mar 6, 1910</u>	
6 Sex <u>Male</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy _____	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>Lee Roy Trout</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>23</u> yrs. 13. Birthplace <u>Kansas U.S.A.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Garnette Gertrude Puckett</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>20</u> yrs. 19. Birthplace <u>Kansas U.S.A.</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>1</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of Idaho **County of** Twin Falls } ss. (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears (Mother, etc.)

In Item 4, above, that I am now 55 years of age, that I have known this person for 35 years, and that Chouchee who attended this birth is now deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

AFFIDAVIT

Garnette Gertrude Puckett Signature
Idaho P. O. Address

Subscribed and sworn to before me this 4 day of April, 1945

(SEAL) Donald Mack Notary Public, residing at Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 9 1945 by Mary Elder, Registrar

JUN 26 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-223 044 162
United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)
CERTIFICATE OF BIRTH
STATE OF IDAHO

403542
State File No.
Local Reg. No.
Reg. Dist. No.

- | | |
|--|--|
| <p>1. PLACE OF BIRTH:
 (a) County <u>Washington</u> (b) City <u>Midvale</u>
 (c) Street address or R. F. D. No.
 (d) Name of Hospital or Maternity Home:</p> | <p>2. USUAL RESIDENCE of MOTHER: (Always fill in these)
 (a) State <u>Idaho</u> (b) County <u>Washington</u>
 (c) City <u>Midvale</u>
 (d) Street address or R. F. D. No.
 (e) How long has MOTHER lived in Idaho? yrs.
 (f) Mother's mailing address (For registration notice):

 (Street or R. F. D.) (Postoffice)</p> |
|--|--|

3. **FULL NAME OF CHILD** Irma Thelma Moselle Brown 5. **DATE OF BIRTH** Oct. 23, 1910
 (Month, day, year)
6. Sex Fem. 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** William Elisha Brown
11. Color White 12. Age at time 53
 or Race of THIS birth..... yrs.
13. Birthplace New Sharon Iowa
 (City or Town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Susie Pearl Joslin
17. Color White 18. Age at time 39
 or Race of THIS birth..... yrs.
19. Birthplace Arkansas
 (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date
 (born alive, stillborn)
- and at the place stated above, and that personal particulars were furnished by Susie Pearl Joslin, who is
 (First name) (Last name)
- related to this child as Mother
 (Mother, etc.)

25. Attendant's OWN signature [Signature] M. D.
 (D. O., Midwife, etc.)
26. (a) APR 23 1915 (b) [Signature]
 (Date received) (Registrar's signature)
27. Given name added on by
 (Registrar's signature)
- and address Payette, Idaho Date 4/20/45

APR 23 1945

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth*; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than \$10 nor more than \$300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

(b) Labor: Complications: _____

_____ Induced? _____

(c) State all operations for delivery _____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes _____ No _____ Pos. _____ Neg. _____

(e) Signature of Physician: _____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or cash.

814 220006 814

403 555

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. **403555**
Local Reg. No. _____
Reg. Dist. No. _____

APR 27 1945

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 4 years 1 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

4. **FULL NAME OF CHILD** Phyllis Georgia Hammond

3. **RESIDENCE OF FATHER** (city, state) Blackfoot Ida.
5. Date of Birth of Child
(Month, day, year) 1-20-1910

6 Sex Female H. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Arthur Cannon Hammond
11. Color White 12. Age at time of THIS birth 25 yrs.
13. Birthplace Omaha Neb.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Nord Hammond
17. Color Suede 18. Age at time of THIS birth 34 yrs.
19. Birthplace Christianstad Sweden
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child _____, (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at _____ M. on the date _____
(Born alive, stillborn) _____
and at the place stated above, and that personal particulars were furnished by Arthur C. Hammond
(First name) (Last name)
who is related as mother's father
(Mother, etc.)
25. Attendant's W. E. Patton M.D. M.D. Address Blackfoot Idaho Date Apr 28, 1945
OWN signature Midwife

State of _____
County of _____ ss.

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that
_____ who attended this birth. I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____.

(SEAL)

_____, Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 30 1945 by Mary F. Elden, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

433-210031-281
United States **APR 13 1945** (Be sure the information is as of date of birth of THIS child.) State File No. **403585**
Department of Commerce
Bureau of the Census
CERTIFICATE OF BIRTH
STATE OF IDAHO
Local Reg. No. **403585**
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lewis (b) City Hamish
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 3 years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Hamish
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hamish, Idaho
5. Date of Birth of Child (Month, day, year) October 10, 1910
6. Sex Female 7. Twin or Triplet _____ If so - born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 mo 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Lloyd Glenn McCarty
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Amity, Oregon (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Elsie Shaw
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Moscow, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child just (b) Born alive and now living two

ATTENDANT'S CERTIFICATE
24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) _____ who is related as _____ (Mother, etc.) _____

25. Attendant's **OWN** signature _____ M.D. _____ Address _____ Date _____
Midwife _____

State of _____ } ss.
County of _____ }
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person to since birth years, and that Dr. Taylor who attended this birth is deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature _____ P.O. Address _____
Subscribed and sworn to before me this 9th day of April, 1945
(SEAL) John L. Gray Notary Public, residing at Portland, Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1945 by Harry Helder Registrar.

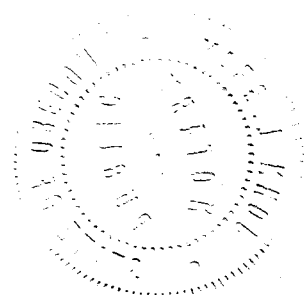
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APR 21 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 ~~Session Laws, has not been recorded, or in case of failure to report any birth~~ which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

12-221031-792

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. **403595**
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lewis (b) City Winchester
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home born at home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years 4 months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Washington (b) County Whitman
(c) City Palouse
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

4. **FULL NAME OF CHILD** Opal Merene Gabrielson

5. Date of Birth of Child
(Month, day, year) Nov. 21, 1910

6 Sex female 7. Twin or Triplet no If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Andrew Gustav Gabrielson
11. Color or Race white 12. Age at time of THIS birth 40 yrs.
13. Birthplace Sweden
(City or town) _____ (State or foreign country) _____
14. Exact Occupation laborer
15. Industry or Business Sawmill

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Ida Kuenshi Gabrielson
17. Color or Race white 18. Age at time of THIS birth 24 yrs.
19. Birthplace Alma, Wisconsin
(City or town) _____ (State or foreign country) _____
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife _____

State of Washington
County of Itasca

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)
ss. _____ of the person whose name appears (Mother, etc.)

I, the undersigned, being first duly sworn, say that I am the _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth _____ I further (First name) _____ (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Kuenshi Gabrielson Signature
440 So. Summit, Bremerton P. O. Address

Subscribed and sworn to before me this 26th day of March, 1945
(SEAL) Nelda H. Feltz Notary Public, residing at Bremerton
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1945 by _____, Registrar

APR 18 1945

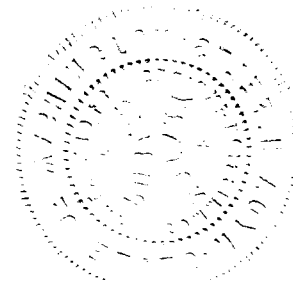
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APR 21 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

666-111037-743

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)
APR 19 1945
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **404583**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Owyhee</u> (b) <u>City Passadena Valley</u> (c) Street Address or R.F.D. No. <u>Blanchard, Id.</u> (d) Name of Hospital or Maternity Home: <u>Born at Home</u> (e) Mothers stay BEFORE delivery: In THIS county years / months - days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Owyhee</u> (c) <u>City Passadena Valley</u> (d) Street Address or R.F.D. No. <u>Blanchard, Id.</u> (e) How long has MOTHER lived in Idaho? <u>1 month</u>	
4. FULL NAME OF CHILD <u>JOSEPH HARLOW WOODS</u>		5. Date of Birth of Child (Month, day, year) <u>May 11, 1910</u>	
6. Sex <u>Male</u>	7. Twin or Triplet _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William Arthur Woods</u>	16. FULL MAIDEN NAME <u>Lynnis May Pulliam</u>		
11. Color or Race <u>White</u>	17. Color or Race <u>White</u>		
12. Age at time of THIS birth <u>4 1/2 yrs.</u>	18. Age at time of THIS birth <u>39 yrs.</u>		
13. Birthplace <u>Memphis Missouri</u> (City or town) (State or foreign country)	19. Birthplace <u>Memphis Missouri</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Farmer</u>	20. Exact Occupation <u>House wife</u>		
15. Industry or Business <u>Farm Owner</u>	21. Industry or Business _____		
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Unknown</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

AFFIDAVIT

State of _____ ss. (To be completed when the attendant does not sign in Item 25.)
County of _____
I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 34 1/2 years, and that _____ who attended this birth _____ further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 9 day of April 1945.
(SEAL) _____ Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1945 by Walter Elder, Registrar

APR 24 1945

APR 26 1945

APR 12 1962

NOV 20 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

719-116042-433

United States
Department of Commerce
Bureau of the Census

APR 19 1945

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **404585**
Local Reg. No. _____
Reg. Dist. No. _____

- | | |
|--|--|
| 1. PLACE OF BIRTH (All items at time of this birth)
(a) County _____ (b) City <u>Twin Falls</u>
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
<u>at farm home</u>
(e) Mothers stay BEFORE delivery: on farm
In THIS county 2 years months 10 days | 2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State <u>Idaho</u> (b) County _____
(c) City <u>Near Twin Falls on farm</u>
(d) Street Address or R.F.D. No. <u>Twin Falls, Idaho</u>
(e) How long has MOTHER lived in Idaho? <u>2</u> yrs. |
|--|--|

4. FULL NAME OF CHILD Godfrey McCoy Parrott 5. Date of Birth of Child (Month, day, year) February 16, 1910

6 Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____ 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Milton Allen Parrott
11. Color or Race White 12. Age at time of THIS birth 42 yrs.
13. Birthplace Mendon, Ohio
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME Nettie Ivinillia McCoy
17. Color or Race White 18. Age at time of THIS birth 40 yrs.
19. Birthplace Van Wert, Ohio
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

~~State of~~ Calgary,
~~Commonwealth of~~ Alberta, Canada } ss.

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 35 years, and that Dr. Walter Pike who attended this birth cannot be located, I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record under Chapter 139, 1937 Session Laws.

Mrs. Nettie J. Parrott Signature
330 - 13th St. N.W., Calgary, Alta. P. O. Address

Subscribed and sworn to before me this 16th day of April, 1945

(SEAL)

Ida H. Vallander, Notary Public, residing at Calgary

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)
Received for filing on APR 23 1945 by Ida H. Vallander, Registrar

APR 24 1945

OCT 22 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

295-129 025-244

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **404596**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Ferdinand
(c) Street Address or R.F.D. No. Box 133
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Ferdinand
(d) Street Address or R.F.D. No. Box 133
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

4. **FULL NAME OF CHILD** Mathias Marion Bies

3. **RESIDENCE OF FATHER** (city, state) Ferdinand Idaho
5. Date of Birth of Child (Month, day, year) Nov 29, 1910

6 Sex Male 7. Twin or Triplet 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? _____

FATHER OF CHILD
10. **FULL NAME** Joseph Bies
11. Color or Race White 12. Age at time of THIS birth 43 yrs.
13. Birthplace Luxemburg
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Anna Brockman nee Bann
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Lawrence Nebraska
(City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 6 o'clock P.M. on the date _____ (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Anna Brockman nee Bann (First name) (Last name)
who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mary Jentges **M.D.** Address Green creek Idaho Date April 1945
Midwife _____

State of _____ } ss. **AFFIDAVIT**
County of _____ } (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth _____ I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____.

(SEAL) _____, Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1945 by Mary Jentges, Registrar

006100

APR 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

255 126-028-759

United States
Department of Commerce
Bureau of the Census

APR 23 1945

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **404611**

Local Reg. No. _____

Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>KOOTENAI</u> (b) City <u>Gibbs</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>1</u> years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>KOOTENAI</u> (c) City <u>GIBBS</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>1</u> yrs.	
4. FULL NAME OF CHILD <u>HENRY BENNER</u>		5. Date of Birth of Child (Month, day, year) <u>APRIL 26, 1910</u>	
6. Sex <u>MALE</u>		8. No. months of Pregnancy <u>9</u>	
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		9. Legitimate? <u>yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>CONRAD BENNER</u>		14. FULL MAIDEN NAME <u>KATHERINE GERLETZ</u>	
11. Color or Race <u>WHITE</u>		15. Color or Race <u>WHITE</u>	
12. Age at time of THIS birth <u>25</u> yrs.		16. Age at time of THIS birth <u>22</u> yrs.	
13. Birthplace <u>SARATOF</u> <u>RUSSIA</u> (City or town) (State or foreign country)		17. Birthplace <u>SARATOF</u> <u>RUSSIA</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>LUMBER TRIMMER</u>		18. Exact Occupation <u>HOUSEWIFE</u>	
15. Industry or Business <u>SAW MILL</u>		19. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>2</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)
State of Washington } ss.
County of Yakima }
I, the undersigned, being first duly sworn, say that I am the Father of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 35 years, and that Elizabeth Stang who attended this birth CANNOT BE LOCATED further (First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Conrad Benner Signature
413 So. 12th Ave Yakima Wash P. O. Address

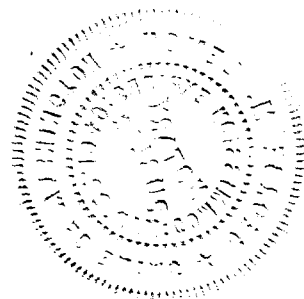
Subscribed and sworn to before me this 13 day of April 1945
(SEAL) George W. Simon Notary Public, residing at Yakima Wash
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on APR 25 1945 by Marj F. Elder Registrar

APR 26 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

239-224001-619

404650

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **404650**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Eagle</u> (c) Street Address or R.F.D. No. <u>1</u> (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>7</u> years <u>5</u> months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Eagle</u> (d) Street Address or R.F.D. No. <u>1</u> (e) How long has MOTHER lived in Idaho? <u>7</u> yrs.	
4. FULL NAME OF CHILD <u>Eleanor Marguerite Scrivner</u>		5. Date of Birth of Child (Month, day, year) <u>May 24-1910</u>	
6. Sex <u>Female</u>	7. Twin or Triplet _____	8. No. months of Pregnancy <u>X</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William Dow Scrivner</u>		16. FULL MAIDEN NAME <u>Kesona May Baerham</u>	
11. Color or Race <u>white</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth <u>23</u> yrs.		18. Age at time of THIS birth <u>19</u> yrs.	
13. Birthplace <u>Marion - Kansas</u> (City or town) (State or foreign country)		19. Birthplace <u>Desoto Iowa</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Farmer's wife</u>	
15. Industry or Business _____		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>6</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____

AFFIDAVIT

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)
County of Ada }
I, the undersigned, being first duly sworn, say that I am the Real Mother of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 35 years, and that Deceased who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

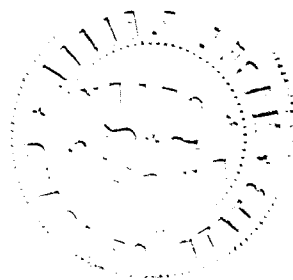
Mrs W D Scrivner Signature
P. O. Address _____
Subscribed and sworn to before me this 16 day of May 1914
(SEAL) Mabel Hedden Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on MAY 16 1914 by Mabel Hedden, Registrar

MAY 25 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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395 - 201 025 - 236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 30 1945

State File No. **404691**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: At Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
3. **RESIDENCE OF FATHER** (city, state) _____
4. **FULL NAME OF CHILD** Jennie Lindemulder
5. **Date of Birth of Child** Nov. 1, 1910
(Month, day, year)
6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? Yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|---|--|--|
| 10. FULL NAME <u>Peter Lindemulder</u> | 16. FULL MAIDEN NAME <u>Jennie Slood</u> | 11. Color or Race <u>white</u> | 17. Color or Race <u>White</u> |
| 12. Age at time of THIS birth <u>25</u> yrs. | 18. Age at time of THIS birth <u>20</u> yrs. | 13. Birthplace <u>Netherlands</u>
(City or town) (State or foreign country) | 19. Birthplace <u>Netherlands</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation <u>Farmer</u> | 20. Exact Occupation <u>Housewife</u> | 15. Industry or Business <u>Farming</u> | 21. Industry or Business _____ |

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 10:00 P.M. on the date _____ and at the place stated above, and that personal particulars were furnished by Jennie Lindemulder who is related as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife

State of Montana } ss. **AFFIDAVIT**
County of Stillwater }

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 34 years, and that Dr. Slusser who attended this birth cannot be located further (First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

Jennie Lindemulder Signature
Columbus, Montana P. O. Address

Subscribed and sworn to before me this 26th day of April 1945
(SEAL) W. E. Clark, Clerk of Court Notary Public, residing at Columbus
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 3 1945 by Mary Elder Registrar

30004

MAY 4 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

441 117 009 141

404717

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

APR 27 1945

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ronner (b) City Valley
(c) Street Address or R.F.D. No. Valley, Idaho
(d) Name of Hospital or Maternity Home:
at own home
(e) Mother's stay **BEFORE** delivery:
IN THIS county 8 years 1 months 9 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ronner
(c) City Valley, Idaho
(d) Street Address or R.F.D. No. Valley, Idaho
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Valley, Idaho

4. **FULL NAME OF CHILD** Robin Rawalt Adair

5. Date of Birth of Child
(Month, day, year) 6/17/1910

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Adair
11. Color white 12. Age at time of THIS birth 47 yrs.
13. Birthplace Portland, Indiana
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Norman Adair
17. Color white 18. Age at time of THIS birth 45 yrs.
19. Birthplace Coshocton, Ohio
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date and at the place stated above, and that personal particulars were furnished by , who is related to this child as (Mother, etc.) (First name) (Last name)

25. Attendant's **OWN signature** M.D. Address Date

State of Washington } ss.
County of Chelan }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 31 years, and that Mary A. Divers, who attended this birth cannot be located I further state that (Is now deceased) or (Cannot be located)
(First name) (Last name)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah N. Adair Signature
Valley, Idaho P. O. Address

Subscribed and sworn to before me this 31 day of December, 1941
(SEAL) Notary Public, residing at W. Mattheis

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 3 1945 by McL. Elder Registrar.

JAN 18 1972

MAY 4 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

693 108 042 314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **404725**

Local Reg. No. _____

Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years 22 months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** J. Edwin Wilson
5. **Date of Birth of Child** (Month, day, year) Feb. 8 - 1910
6. **Sex** M 7. **Twin or Triplet** _____ If so—born 1st, 2nd, 3rd _____
8. **No. months of Pregnancy** 9 9. **Legitimate?** yes

- FATHER OF CHILD**
10. **FULL NAME** Samuel George Wilson
11. **Color or Race** White 12. **Age at time of THIS birth** 31 yrs.
13. **Birthplace** Grand Rapids, Mich.
(City or town) (State or foreign country)
14. **Exact Occupation** Farmer
15. **Industry or Business** _____
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** Sarah Tallock
17. **Color or Race** White 18. **Age at time of THIS birth** 22 yrs.
19. **Birthplace** Okla. Idaho
(City or town) (State or foreign country)
20. **Exact Occupation** House Wife
21. **Industry or Business** _____

22. **Name prophylactic used to prevent Ophthalmia Neonatorum** _____
23. **Number of children of this mother:** (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 8 A. M. on the date _____ (Born alive, stillborn) Samuel and at the place stated above, and that personal particulars were furnished by George Wilson who is related as father (First name) (Last name) (Mother, etc.)

25. **Attendant's OWN signature** _____ **M.D. Address** _____ **Date** _____
Midwife _____

- State of California ss. **AFFIDAVIT**
County of Alameda

- I, the undersigned, being first duly sworn, say that I am the father of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 35 years, and that Thomas Boyed who attended this birth is now deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)
- state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

- Subscribed and sworn to before me this 1st day of May, 1945
(SEAL) Mary Clinier Notary Public, residing at Alameda, Cal.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

- Received for filing on MAY 8 1945 by Mary Fielder, Registrar

03740A

JUL 27 1972

MAY 9 - 1945

MAR 7 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

763 201006 763

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **404764**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Ucon
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: born at home of parents
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 20 years 3 months 14 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Ucon
(d) Street Address or R.F.D. No. R. F. D.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
3. **RESIDENCE OF FATHER** (city, state) Ucon, Idaho

4. **FULL NAME OF CHILD** Erma Poll
5. Date of Birth of Child (Month, day, year) Jan. 1, 1910
6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 9. Legitimate? Yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|---|--|--|--|
| 10. FULL NAME <u>William Albert Poll</u> | 16. FULL MAIDEN NAME <u>Ida Millissa Berrett Poll</u> | 17. Color <u>White</u> | 18. Age at time of THIS birth <u>33</u> yrs. |
| 11. Birthplace <u>Salt Lake City, Utah</u>
(City or town) (State or foreign country) | 17. Color <u>White</u> | 18. Age at time of THIS birth <u>33</u> yrs. | 19. Birthplace <u>Pleasant View, Utah</u>
(City or town) (State or foreign country) |
| 14. Exact Occupation <u>farmer</u> | 20. Exact Occupation <u>Housewife</u> | 21. Industry or Business <u>farming</u> | 21. Industry or Business <u> </u> |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at Ucon, Idaho M. on the date Jan. 1, 1910 and at the place stated above, and that personal particulars were furnished by Mrs. Ida M. Poll (First name) (Last name) who is related as Mother (Mother, etc.)
25. Attendant's OWN signature John O. Mellor M.D. Address Ucon, Idaho Date Jan. 1, 1910
Midwife

State of Idaho } ss.
County of Bingham }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that , who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address

Subscribed and sworn to before me this day of , 1910.

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1945 by Harry E. Elder, Registrar.

MAY 1 0 1945

JUL 9 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

659 218016-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File **404770**

Local Reg. No. _____

Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. Oakley, Idaho
(d) Name of Hospital or Maternity Home:
private home-do not remember street
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

4. **FULL NAME OF CHILD** Maudie Beatrice Weighall
7. Twin or If so—born
6 Sex Female Triplet Twin 1st, 2nd, 3rd

3. **RESIDENCE OF FATHER** (city, state) Oakley, Ida.
5. Date of Birth of Child
(Month, day, year) April 18, 1910
8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Walter Elmer Weighall
11. Color White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Little Basin, Idaho
(City or town) (State or foreign country)
14. Exact Occupation Shepherd
15. Industry or Business Shepherd

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Nettie Eliza Walker
17. Color White 18. Age at time of THIS birth 16 yrs.
19. Birthplace Oakley Idaho
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Doctor dead-do not remember
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife

State of NEVADA
County of ELKO ss.

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 35 years, and that Cannot remember doctor's name who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nettie Eliza Weighall Signature
Box 14, Elko, Nevada P. O. Address

Subscribed and sworn to before me this 11th day of May, 1945

(SEAL) _____, Notary Public, residing at Elko, Nevada
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Com. expires 6/23/47

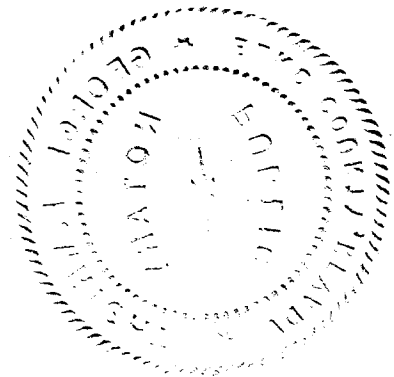
Received for filing on MAY 15 1945 by Mary Elder, Registrar

OCT 5 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

695-222-014-299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. **404805**
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Emmette
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county _____ years _____ months _____ days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
3. **RESIDENCE OF FATHER** (city, state) _____
4. **FULL NAME OF CHILD** GEORGIA BELL FREEMAN
5. Date of Birth of Child Feb. 22, 1910
(Month, day, year)
- 6 Sex female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____
8. No. months of Pregnancy 9 9. Legitimate? yes

- FATHER OF CHILD**
10. **FULL NAME** WALTER LEWIS FREEMAN
11. Color or Race A/W 12. Age at time of THIS birth 27 yrs.
13. Birthplace California
(City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business _____
- MOTHER OF CHILD**
16. **FULL MAIDEN NAME** MARY HELEN KRISHER
17. Color or Race A/W 18. Age at time of THIS birth 23 yrs.
19. Birthplace Gibben Nebr.
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 5:00 A M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mary Helen Freeman
who is related as mother (First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address Caldwell, Idaho Date 5/18/45
Midwife

State of Idaho } ss.
County of Canyon }

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 35 years, and that Dr. R. H. Green who attended this birth deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this 18 day of May, 1945.
(SEAL) Charles R. Shepherd, Notary Public, residing at Caldwell,
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

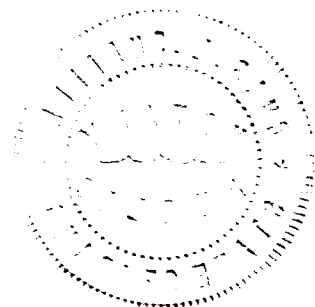
Received for filing on MAY 23 1945 by Mary Ballard, Registrar

308101
MAY 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

669-222-21-163

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **404808**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth.) (a) County <u>Franklin</u> (b) City <u>Franklin</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>31</u> years - - months - - days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Franklin</u> (c) City <u>Franklin</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>31</u> yrs.	
4. FULL NAME OF CHILD <u>Hannah Roberta Fordham</u>		5. Date of Birth of Child <u>June 22, 1910</u> (Month, day, year)	
6 Sex <u>female</u>	7. Twin or Triplet <u>no</u>	8. No. months _____ 9. Legitimate? <u>yes</u>	
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Bert Fordham</u>		16. FULL MAIDEN NAME <u>Sarah Jolley</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>white</u>	
12. Age at time of THIS birth. <u>53</u> yrs.		18. Age at time of THIS birth. <u>42</u> yrs.	
13. Birthplace <u>Hartford, Iowa</u> (City or town) (State or foreign country)		19. Birthplace <u>Clarkston, Utah</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife,</u>	
15. Industry or Business <u>Farm</u>		21. Industry or Business <u>- - - - home - - - -</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>5</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife

State of UTAH } ss.
County of Cache }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 34-11/12 years, and that Allen R. (Jr.) Cutler (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record under Chapter 139, 1937 Session Laws.

Sarah Jolley Fordham Signature
Logan, Utah P. O. Address
Subscribed and sworn to before me this 16th day of May 1945
(SEAL) Margaret C. Hickman Notary Public, residing at Logan, Utah.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires Jan. 12, 1946

Received for filing on MAY 23 1945 by Wm. H. Elder Registrar

MAY 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

165-120-076-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **404815**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 24 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

4. **FULL NAME OF CHILD** Joseph Davis Jones
6 Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

3. **RESIDENCE OF FATHER** (city, state) Malad, Idaho
5. Date of Birth of Child (Month, day, year) Oct. 20, 1910
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Joseph Parry Jones
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Malad Idaho
(City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Dinah Davis
17. Color or Race White 18. Age at time of THIS birth 30 yrs.
19. Birthplace Willard Utah
(City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum Aghe
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10P M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Joseph P. Jones
father (First name) (Last name)
who is related as _____ (Mother, etc.)

25. Attendant's OWN signature D C Ray M.D. Address Pocatello, Idaho Date 5-16-1945
Midwife _____

State of _____ ss. **AFFIDAVIT**
County of _____

I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that
_____, who attended this birth, I further
(First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____

(SEAL)

_____, Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1945 by Mabel F. Elder, Registrar

01260A

MAY 24 1945

NOV 30 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

343-103-014-856

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. **404831**
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Greenleaf
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 1 years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Near Greenleaf
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

4. **FULL NAME OF CHILD** Cecil Harold Cullen
7. Twin or Triplet no If so—born 1st, 2nd, 3rd _____

3. **RESIDENCE OF FATHER** (city, state) Idaho
5. Date of Birth of Child (Month, day, year) Dec. 3, 1910
8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Walter Floyd Cullen
11. Color or Race White 12. Age at time of THIS birth 26 yrs.
13. Birthplace Verdon, Nebr.
(City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Susie J. Heft
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Oakland, Iowa.
(City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 3:30 A.M. on the date _____
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Susie J. Cullen
(First name) (Last name)
who is related as mother
(Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of _____ } ss. **AFFIDAVIT**
County of _____ } (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now 58 years of age, that I have known this person for _____ years, and that
(First name) (Last name) who attended this birth _____ I further
(Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19_____
(SEAL) _____, Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1945 by Mary Heft, Registrar

FEB 12 1965

MAY 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

243-108-006-515

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. **405889**
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bingham</u> (b) City <u>Riverside</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>Born in Parents home</u> (e) Mothers stay BEFORE delivery: In THIS county years <u>7</u> months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bingham</u> (c) City <u>Riverside</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>7</u> yrs.	
4. FULL NAME OF CHILD <u>Winn A Killian</u>		5. Date of Birth of Child (Month, day, year) <u>Sept 8th 1910</u>	
6 Sex <u>Male</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Charles Willard Killian</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>35</u> yrs. 13. Birthplace <u>Glenwood Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Farmer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Kate Leon Van Buren</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>30</u> yrs. 19. Birthplace <u>Manti Utah</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>6</u> (b) Born alive and now living <u>5</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of Utah **County of** Weber } ss. **AFFIDAVIT**
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person since birth years, and that Mr. Brown who attended this birth cannot be located further (First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. Certificate to be sent to Mrs. Harrison, Winn A. Killian, 2820 Monroe Blvd., Ogden, Utah
Kate Leon Van Buren Killian Signature
2820 Emerson Blvd. Ogden, Utah Address
Subscribed and sworn to before me this 21st day of May 19 45
(SEAL) R. H. Baumann Notary Public, residing at Ogden, Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. expires 9/23/1946
Received for filing on MAY 25 1945 by Mary F. L. L. L., Registrar

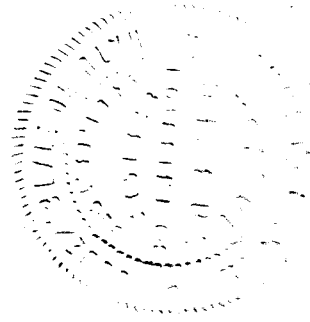
MAY 26 1945

DEC 20 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

155-214-002-155

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **405905**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Adams (b) City Council
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:

In Hosp. or Mat. Home. days.
IN THIS county years month days

4. FULL NAME
OF CHILD

Georgia Annia

6. Sex 7

7. Twin or Triplet If so—born
1st, 2nd, 3rd

8. No. months
of Pregnancy

9. Legitimate?

10. FULL
NAME

Lewis G Annia

11. Color or Race white 12. Age at time
of THIS birth 29 yrs.

13. Birthplace Knightsburg Calif
(City or town) (State or foreign country)

14. Exact
Occupation Farmer

15. Industry or
Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Miss Annia, who is
related to this child as mother (First name) (Last name)

26. (a) MAY 15 1945 (b) Miss Annia
(Date received) (Mother, etc.)

27. Given name added on by Miss Annia
(Registrar's signature)

25. Attendant's

OWN signature Hazel T. Low M.D.
and address 627 Thielman Ave. (D.O., Midwife, etc.)
Boise City Date Jan 2-44

State of Idaho } ss.
County of Adams

AFFIDAVIT To be completed when the attendant at birth is
NOT LIVING or CANNOT BE LOCATED

I, Miss Annia, being first duly sworn, say that I am related to
Georgia Annia as mother (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended
said birth and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Subscribed and sworn to before me on this 11 day of August 1944

(SEAL)

Signature Miss Annia
P. O. Address Boise Wash
Notary Public, residing at Hakima

MAY 26 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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393-116-075442

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **405925**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Mya Pierce</u> (b) City <u>Lewiston</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county <u>8</u> years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Mya Pierce</u> (c) City <u>Lewiston</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>8</u> yrs.	
4. FULL NAME OF CHILD <u>Thomas Oliver Little</u> 7. Twin or Triplet _____ If so—born _____ 6. Sex <u>Male</u> 1st, 2nd, 3rd _____		5. Date of Birth of Child (Month, day, year) <u>April 16 1910</u> 8. No. months of Pregnancy <u>9</u> 9. Legitimate? <input checked="" type="checkbox"/>	
FATHER OF CHILD 10. FULL NAME <u>Frank Cadett Little</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>21</u> yrs. 13. Birthplace <u>Ill.</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Building Laborer</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Florence Edith Dabry</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>20</u> yrs. 19. Birthplace <u>Arche</u> (City or town) (State or foreign country) 20. Exact Occupation <u>House wife</u> 21. Industry or Business _____	

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
 23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ (Born alive, stillborn) _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) _____ who is related as _____ (Mother, etc.) _____
 25. Attendant's OWN signature _____ M.D. _____ Address _____ Date _____
 Midwife _____

AFFIDAVIT

State of _____ } ss.
 County of _____ }
 I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for all his life years, and that Dr Carson who attended this birth cannot be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (Is now deceased) or (Cannot be located)

Signature _____
 P. O. Address _____
White Salmon, Wash

Subscribed and sworn to before me this 26th day of May, 1915

(SEAL)

George J. Macken Notary Public, residing at White Salmon, Wn.
 (Note: Perjury is punishable as a felony in Idaho; see Sec 17-914, Idaho Code Annotated)

Received for filing on JUN 1 1945 by Mabel F. Elder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

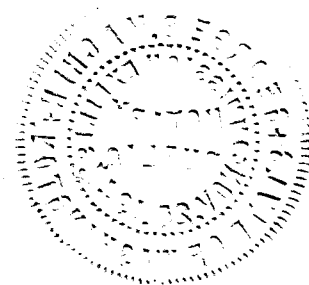
MAY 7 1959

JUN 2 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

449-219-035-184

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **405937**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Nez Perce</u> (b) City <u>Lewiston</u> (c) Street Address or R.F.D. No. <u>Carson Ave.</u> (d) Name of Hospital or Maternity Home: <u>In our home</u> (e) Mothers stay BEFORE delivery: In THIS county _____ years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Nez Perce</u> (c) City <u>Lewiston</u> (d) Street Address or R.F.D. No. <u>Carson Ave.</u> (e) How long has MOTHER lived in Idaho? <u>36</u> yrs.	
4. FULL NAME OF CHILD <u>Rosa Eileen Murphy</u>		5. Date of Birth of Child <u>May 19, 1910</u> (Month, day, year)	
6. Sex <u>Female</u>	7. Twin or Triplet <u>XX</u>	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Frank Murphy</u>		16. FULL MAIDEN NAME <u>Louise Aquino</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>28</u> yrs.		18. Age at time of THIS birth <u>19</u> yrs.	
13. Birthplace <u>Dominico, Italy</u> (City or town) (State or foreign country)		19. Birthplace <u>Cosenza Italy</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Fruit Grower</u>		20. Exact Occupation <u>housewife</u>	
15. Industry or Business <u>Horticulturist</u>		21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Do not know of any being used</u>			
23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (Born alive, stillborn) (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

State of Idaho **County of** Nez Perce } ss. **AFFIDAVIT**
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for since birth years, and that Mary Marcello who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (First name) (Last name) (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this 23rd day of May, 1945
(SEAL) PHILIP WEISGERBER, Clerk of Dist. Court., Notary Public, residing at Lewiston, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) By Louisa Murphy Deputy
Received for filing on JUN 1 1945 by Mary Elder, Registrar

JUN 2 1945

MAR 20 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

291-215-014-819

United States (Be sure the information is as of date of birth of THIS child.) State File No. **405945**
Department of Commerce
Bureau of the Census
CERTIFICATE OF BIRTH
STATE OF IDAHO
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: At Home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Marjorie Brass

5. Date of Birth of Child (Month, day, year) March 15, 1910

6. Sex female 7. Twin or Triplet neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ernest Frank Brass

11. Color or Race white 12. Age at time of THIS birth 34 yrs.

13. Birthplace Sennica Township, Ill.
(City or town) (State or foreign country)

14. Exact Occupation Livestock business

15. Industry or Business self employed

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude Hart

17. Color or Race white 18. Age at time of THIS birth 29 yrs.

19. Birthplace Jordan Valley, Oregon
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum argemum Mar 20/10

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 2 A. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Gertrude Brass
who is related as Mother (First name) (Last name)
(Mother, etc.)

25. Attendant's S. J. Miller M.D. Address Long Beach Calif Date May 20/40
OWN signature Midwife

State of _____ } ss. (To be completed when the attendant does not sign in Item 25.)
County of _____ }
I, the undersigned, being first duly sworn, say that I am the _____ of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that
(First name) (Last name) who attended this birth _____ I further
(Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this _____ day of _____, 19____.

(SEAL) _____, Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1945 by Mary F. Lutz, Registrar

JUN 2 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Dup of 1910-D49+404

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 405951

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth Lester John Nelson				2. Date (month) (day) (year) Of Birth December 16, 1910	
	3. Color or Race White	4. Sex Male	5. Place of Birth a. County Jefferson		b. City or Town of Birth Rigby	
FATHER	6. Full Name of Father Joseph Nelson				7. State or Country of Father's Birth Kiron, Iowa	
MOTHER	8. Full Maiden Name of Mother Alice Anna Harriman				9. State or Country of Mother's Birth Huntington, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.			10. Signature of Registrant <i>Lester John Nelson</i>		11. Present Address of Registrant 457 West Main St. Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on <u>Feb. 5</u> 1963			12. Signature of Notary <i>Henry Dietrich</i>		13. Notary Commission expires <u>April 16, 1964</u>

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1-	Type of Document Insurance Policy		By whom issued and signed Beneficial Life Ins. Co.		Date issued October 8, 1928	Date Orig. Entry October 8, 1928
	Date of Birth December 16, 1910	Birth Place Rigby, Idaho	Full Name of Mother -----		Name of Father -----	
SUPPORTING RECORD 2-	Type of Document Certificate of Blessing		By whom issued and signed E. P. Clements, Elder L.D.S. Church		Date issued ---	Date Orig. Entry February 10, 1911
	Date of Birth December 16, 1910	Birth Place Rigby, Fremont Co. Idaho	Full Name of Mother Alice Harriman		Name of Father Joseph Nelson	
SUPPORTING RECORD 3-	Type of Document Certified Copy Marriage License Affidavit		By whom issued and signed Fremont County Recorder LaMonte Bauer		Date issued Feb 12, 1963	Date Orig. Entry Nov 24, 1937
	Date of Birth Dec 16, 1910	Birth Place Rigby, Idaho Jefferson co.	Full Name of Mother ---		Name of Father ---	

QUALIFYING
INFORMATION

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar W. W. Benson	Evidence reviewed by ec Joyce B. Foltz	Date Filed Feb 21, 1963

Nelson



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File **405951**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County **Jefferson** (b) City **Rigby**
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: **home**
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county **2** years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State **Idaho** (b) County **Jefferson**
(c) City **Rigby**
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? **15** yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD

Lester John Nelson

5. Date of Birth of Child **Dec. 16, 1911**
(Month, day, year)

6. Sex **male** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy **9** 9. Legitimate? **yes**

FATHER OF CHILD

10. **FULL NAME** **Joseph Nelson**
11. Color **white** 12. Age at time of THIS birth **33** yrs.
13. Birthplace **Kiron** **Iowa**
(City or town) (State or foreign country)
14. Exact Occupation **farmer**
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** **Alice Anna Harriman**
17. Color **white** 18. Age at time of THIS birth **25** yrs.
19. Birthplace **Huntington, Utah**
(City or town) (State or foreign country)
20. Exact Occupation **housewife**
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.

23. Number of children of this mother: (a) At time of birth and including this child **3** (b) Born alive and now living **7**

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by who is
(First name) (Last name)
related to this child as
(Mother, etc.)

25. Attendant's
OWN signature

M.D. Address Date
Midwife

State of **Idaho**
County of **Madison** } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the **mother** of the person whose name appears
(Mother, etc.)
in Item 4, above, that I am now **59** years of age, that I have known this person for years, and that
(First name) (Last name) who attended this birth. I further state that
(Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
Chapter 139, 1937 Session Laws.

Alice Anna Nelson

Signature

Rexburg, Idaho

P. O. Address

Subscribed and sworn to before me this **25th** day of **May**, 19**45**

(SEAL)

Notary Public, residing at **Rexburg, Idaho**

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on **JUN 1 1945** by *Malcolm Elder*, Registrar.

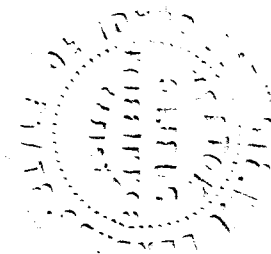
JUN 2 1945

FEB 21 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

212-126-001-813

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

405967
State File No. **405967**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Boise</u> (c) Street Address or R.F.D. No. <u>R.F.D. # 44</u> (d) Name of Hospital or Maternity Home: <u>Home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>2</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Boise</u> (d) Street Address or R.F.D. No. <u>R# 4</u> (e) How long has MOTHER lived in Idaho? <u>2</u> yrs.	
4. FULL NAME OF CHILD <u>Howard Hall Baker</u>		3. RESIDENCE OF FATHER (city, state) <u>Boise Ida.</u>	
6. Sex <u>Male</u>		5. Date of Birth of Child (Month, day, year) <u>Jan 26, 1910</u>	
7. Twin or Triplet		8. No. months of Pregnancy <u>9</u>	
9. Legitimate? <u>Yes</u>			
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Howard Fay Baker</u>		16. FULL MAIDEN NAME <u>Kate Lucy Hall</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>38</u> yrs.		18. Age at time of THIS birth <u>41</u> yrs.	
13. Birthplace <u>Huntington, Vermont</u> (City or town) (State or foreign country)		19. Birthplace <u>Richmond, Vermont</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Dairyman</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business <u>Farmer</u>		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>3</u> (b) Born alive and now living <u>3</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 5 P. M. on the date _____ (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name)
who is related as _____ (Mother, etc.)

25. Attendant's X **OWN signature** _____ **M.D. Address** _____
Midwife _____

State of Idaho }
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears (Mother, etc.)
in Item 4, above, that I am now 80 years of age, that I have known this person for 35 years, and that Dr. O. W. Hall who attended this birth is now deceased I further (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt of the person whose name appears (Mother, etc.)

in Item 4, above, that I am now 80 years of age, that I have known this person for 35 years, and that Dr. O. W. Hall who attended this birth is now deceased I further (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 4th day of June, 1945

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annot. Code)

Received for filing on JUN 5 1945 by Ellen L. Martin Registrar

Ellen L. Martin Signature
421 Franklin St., Boise, Idaho Address

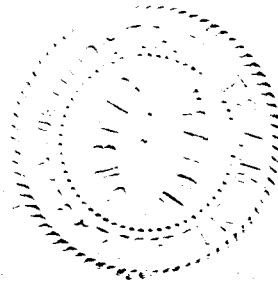
Notary Public residing at Boise, Ida.

JUN 5 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

538-220-001-121 405972

United States (Be sure the information is as of date of birth of THIS child.) State File No. **405972**
Department of Commerce
Bureau of the Census
CERTIFICATE OF BIRTH
STATE OF IDAHO
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No. RT 3
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay **BEFORE** delivery, In **THIS** county 2 years 10 months 11 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City BOISE
(d) Street Address or R.F.D. No. RT 3
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. **RESIDENCE OF FATHER** (city, state) BOISE, IDAHO

4. **FULL NAME OF CHILD** RAIMUNDA ECHEVARRIA

5. Date of Birth of Child (Month, day, year) JUNE 20, 1910

6 Sex FEMALE 7. Twin or Triplet Triplet If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** VICTOR ECHEVARRIA

11. Color or Race WHITE 12. Age at time of THIS birth 21 yrs.

13. Birthplace ACORDA SPAIN
(City or town) (State or foreign country)

14. Exact Occupation SHEEPMAN

15. Industry or Business _____

MOTHER OF CHILD

16. **FULL MAIDEN NAME** VICTORIA ABADIA

17. Color or Race WHITE 18. Age at time of THIS birth 28 yrs.

19. Birthplace ACORDA SPAIN
(City or town) (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE at 11.30 A.M. on the date _____ and at the place stated above, and that personal particulars were furnished by VICTORIA ECHEVARRIA who is related as MOTHER
(Mother, etc.) (First name) (Last name)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife

State of IDAHO } ss. (To be completed when the attendant does not sign in Item 25.)
County of ADA }

I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 33 years of age, that I have known this person for 35 years, and that DR. GEORGE COLLISTER who attended this birth DECEASED I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.
(First name) (Last name) (Is now deceased) or (Cannot be located)

Victoria Echevarria Signature
RT 3 BOISE, IDAHO O. Address

Subscribed and sworn to before me this 12th day of June, 1945
(SEAL) Martin Chasman Notary Public, residing at Boise, Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 12 1945 by Mary H. B. B. Registrar

JUN 12 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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713-227.036-713

405982

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **405982**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Oneida</u> (b) City <u>Malad</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county <u>39</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Oneida</u> (c) City <u>Malad</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>39</u> yrs.	
4. FULL NAME OF CHILD <u>Marie Palmer</u>		5. Date of Birth of Child (Month, day, year) <u>August 27, 1910</u>	
6. Sex <u>female</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>William Henry Palmer</u>	16. FULL MAIDEN NAME <u>Catherine Jones Palmer</u>		
11. Color or Race <u>white</u>	17. Color or Race <u>white</u>		
12. Age at time of THIS birth <u>39</u> yrs.	18. Age at time of THIS birth <u>39</u> yrs.		
13. Birthplace <u>Malad Idaho</u> (City or town) (State or foreign country)	19. Birthplace <u>Malad, Idaho</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>farmer</u>	20. Exact Occupation <u>housewife</u>		
15. Industry or Business _____	21. Industry or Business _____		
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>7</u> (b) Born alive and now living <u>8</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as Catherine Jones Palmer (Mother, etc.)

25. Attendant's OWN signature D C Ray **M.D. Address** Pocatello Idaho **Date** 6-18-1945

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the _____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now _____ years of age, that I have known this person for _____ years, and that _____, who attended this birth _____ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this _____ day of _____, 19____.

(SEAL) _____, Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 20 1945 by Malad, Registrar

JUN 20 1945

APR 21 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **405983**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Ada</u> (b) City <u>Eagle</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>at home</u> (e) Mothers stay BEFORE delivery: In THIS county <u>9</u> years _____ months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Ada</u> (c) City <u>Eagle</u> (d) Street Address or R.F.D. No. <u>1</u> (e) How long has MOTHER lived in Idaho? <u>9</u> yrs.	
4. FULL NAME OF CHILD <u>Merle Willma Fellers</u>		5. Date of Birth of Child (Month, day, year) <u>Nov 27 1910</u>	
6. Sex <u>Female</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9 months</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Grover Cleveland Fellers</u>	16. FULL MAIDEN NAME <u>Bertha Ellen Garrett</u>		
11. Color or Race <u>white</u>	17. Color or Race <u>white</u>		
12. Age at time of THIS birth <u>23</u> yrs.	18. Age at time of THIS birth <u>20</u> yrs.		
13. Birthplace <u>Republic Kansas</u> (City or town) (State or foreign country)	19. Birthplace <u>Wright County Missouri</u> (City or town) (State or foreign country)		
14. Exact Occupation <u>Farmer</u>	20. Exact Occupation <u>Housewife</u>		
15. Industry or Business _____	21. Industry or Business _____		
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife

State of Idaho }
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 34 years, and that Dr. Hall (First name) (Last name), who attended this birth is now deceased further (Is now deceased) or (Cannot be located) state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

Bertha Fellers Signature
P. O. Address _____

Subscribed and sworn to before me this 21 day of June, 1945.

(SEAL)

Notary Public, residing at _____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 21 1945 by Mary Fellers, Registrar

600001

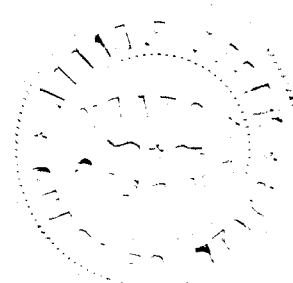
APR 24 1972

JUN 21 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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493-116-031-215 4 05995

United States (Be sure the information is as of date of birth of THIS child.) State File No. _____
Department of Commerce Local Reg. **405995**
Bureau of the Census Reg. Dist. No. _____

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lewis (b) City _____
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home:
on ranch near Craigmont, Idaho
(e) Mothers stay BEFORE delivery:
In THIS county _____ years _____ months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Near Craigmont, Idaho
(d) Street Address or R.F.D. No. _____
(e) How long has MOTHER lived in Idaho? 53 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Larry Stevenson Millage 5. Date of Birth of Child
(Month, day, year) 10/16/1910

6 Sex Male 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____ 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Millage
11. Color or Race White 12. Age at time of THIS birth 50 yrs.
13. Birthplace Broom County, N. Y.
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Alice Sanford
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace Bersford, S. D.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of Idaho } ss. **AFFIDAVIT**
County of Clearwater } (To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 35 years, and that Dr. O. A. Tompferies who attended this birth cannot be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

Mary Alice Sanford Millage Signature
Peck, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of June, 1945
(SEAL) J. M. McWhorter Notary Public, residing at Orofino
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

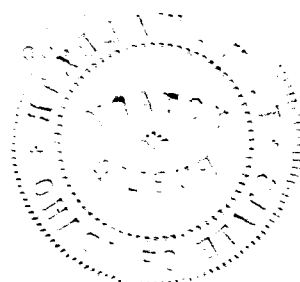
Received for filing on JUN 23 1945 by Mary E. Hilder Registrar

JUN 23 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

419-230-216-689

406011

406011

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Nil
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 29 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

4. **FULL NAME OF CHILD** Lida Martin
6 Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd _____

3. **RESIDENCE OF FATHER** (city, state) _____
5. Date of Birth of Child (Month, day, year) 4-30-1910
8. No. months of Pregnancy Reg 9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** William H. Martin
11. Color or Race Wh. 12. Age at time of THIS birth 34 yrs.
13. Birthplace Tooele, Utah
(City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Jane Whittle
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Grantsville, Ut.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum. _____
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living. _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ Dr. Ernest P. Oldham deceased (Mother, etc.)
25. Attendant's OWN signature M.D. Address Date
Midwife _____

State of Idaho
County of Cassia

ss. **AFFIDAVIT**
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 35 years, and that Dr. Ernest O. Oldham who attended this birth is dead I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record- ed under Chapter 139, 1937 Session Laws. (First name) (Last name) (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this 2nd day of July, 1945.
(SEAL) Henry M. Miller Notary Public, residing at Burley
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on JUL 5 1945 by Mary J. Whittle Registrar

JUL 3 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: Private home.
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years 9 months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Genesee
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Genesee, Ida.

4. **FULL NAME OF CHILD** Madaline Rose Hermann

5. **Date of Birth of Child** (Month, day, year) Dec. 2, 1910

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Charles N. Hermann</u>	16. FULL MAIDEN NAME <u>Lena Gurena Tønning</u>	11. Color or Race <u>White</u>	17. Color or Race <u>White</u>
12. Age at time of THIS birth <u>34</u> yrs.	18. Age at time of THIS birth <u>33</u> yrs.	13. Birthplace <u>Germany</u> (City or town) (State or foreign country)	19. Birthplace <u>Jewell Co., Kansas</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Farmer</u>	20. Exact Occupation <u>Housewife</u>	15. Industry or Business <u>Farming</u>	21. Industry or Business <u>Home</u>

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife _____

State of Washington } ss. (To be completed when the attendant does not sign in Item 25.)
County of Spokane }

I, the undersigned, being first duly sworn, say that I am the mother of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person xx since birth years, and that Dr. W. E. Ehlen who attended this birth is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

Subscribed and sworn to before me this 18th day of May, 1945.

(SEAL) Wm. E. Nelson, Notary Public, residing at Latah, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

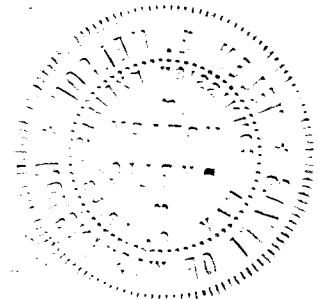
Received for filing on JUN 10 1945 by Mabel Elder, Registrar

JUN 13 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

755-226-003-125

406057

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

State File No.

Local Reg. No.

Reg. Dist. No.

JUN 15 1945

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH (a) County <u>Bannock</u> (b) City <u>Lava Hot Springs</u> (c) Street Address or R.F.D. No. <u>none</u> <u>Idaho</u> (d) Name of Hospital or Maternity Home: <u>none</u> (e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home <u>0</u> days. IN THIS county <u>0</u> years <u>3</u> months <u>0</u> days		2. USUAL RESIDENCE of MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Power</u> (c) City <u>American Falls</u> (d) Street Address or R.F.D. No. <u>none</u> (e) How long has MOTHER lived in Idaho? <u>18</u> yrs. (f) Mother's mailing address <u>same as above</u>	
4. FULL NAME OF CHILD <u>Lulua Pearl Penrose</u>		3. RESIDENCE of FATHER (city, state) <u>American Falls, Idaho</u> Date of Birth (Month, day, year) <u>Aug. 26, 1910</u>	
6. Sex <u>Female</u>	7. DATE OF BIRTH <u>DATE OF BIRTH</u>	If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>Yes</u>
FATHER OF CHILD 10. FULL NAME <u>Samuel Penrose</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>37</u> yrs. 13. Birthplace <u>Believe it was Utah</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Rancher</u> 15. Industry or Business <u>Ranch</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Scottie May Abercrombie</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>18</u> yrs. 19. Birthplace <u>Malta, Idaho</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business <u>- -</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>no</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>0</u> (b) Born alive and now living <u>0</u> (c) Born alive and now dead <u>0</u> (d) Stillborn <u>0</u>			
24. I HEREBY CERTIFY That I attended the birth of this child, who was <u>born alive</u> <u>10 A. M.</u> on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by <u>me, her Aunt, Margaret</u> , who is related to this child as <u>Aunt</u> (First name) (Last name) <u>Huls</u>			
26. (a) <u>JUN 14 1945</u> (Date received) (b) <u>Margaret Huls</u> (Registrar's signature)		25. Attendant's OWN signature <u>Midwife is deceased</u> M.D. (D.O., Midwife, etc.)	
27. Given name added on _____ by _____ (Registrar's signature)		and address _____ Date _____	

State of California }
County of Shasta } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret Huls, being first duly sworn, say that I am related to Lulua Pearl Penrose as Aunt (Related to (or) acquainted with) (Name of person on certificate above) (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the Midwife, Mrs. Tonsberry, who attended said birth is deceased (Name of attendant at birth) and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Margaret Huls

Signature

Box 214, Summit City, California P. O. Address

Subscribed and sworn to before me on this 7th day of June, 1945

(SEAL)

Notary Public in & for Shasta Co., Calif. Sheldon A. Neelton Notary Public, residing at Redding, Shasta County, California

20000

JUL 5

1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4) -

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **406072**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Bannock</u> (b) City <u>Turner</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ <u>at residence</u> (e) Mothers stay BEFORE delivery: In THIS county <u>1</u> years <u>3</u> months _____ days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Bannock</u> (c) City <u>Turner</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>56</u> yrs.
3. RESIDENCE OF FATHER (city, state)		

4. FULL NAME OF CHILD <u>Arleen Thomas</u>	5. Date of Birth of Child (Month, day, year) <u>July 20th 1910</u>
6. Sex <u>girl</u>	8. No. months of Pregnancy <u>9</u>
7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____	9. Legitimate? <u>yes</u>

FATHER OF CHILD

10. FULL NAME <u>Samuel George Thomas</u>
11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>28</u> yrs.
13. Birthplace <u>Farmwest Utah</u> (City or town) (State or foreign country)
14. Exact Occupation <u>Farmer</u>
15. Industry or Business _____

MOTHER OF CHILD

16. FULL MAIDEN NAME <u>Mary Albetta Hancock</u>
17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>27</u> yrs.
19. Birthplace <u>Payson Utah</u> (City or town) (State or foreign country)
20. Exact Occupation <u>Housewife</u>
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>none</u>
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>7</u>

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature	M.D. Address	Date
_____	Midwife	

State of Idaho } ss. (To be completed when the attendant does not sign in Item 25.)
County of Bannock }
I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears (Mother, etc.)
in Item 4, above, that I am now 61 years of age, that I have known this person for 24 years, and that Rhodie Summersall who attended this birth deceased I further (First name) (Last name) (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
ed under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 11 day of June 1945
(SEAL) _____, Notary Public, residing at Payson
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

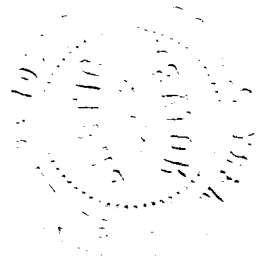
Received for filing on JUN 14 1945 by Mary Albetta Johnson, Registrar

JUN 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

669-228-228-313

406084

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City _____
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 6 years 6 months _____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Bonners Ferry
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

4. **FULL NAME OF CHILD** Evelyn Katherine Forsyth
7. Twin or Triplet _____ If so—born _____
1st, 2nd, 3rd _____

3. **RESIDENCE OF FATHER** (city, state) Bonners Ferry
5. Date of Birth of Child _____
(Month, day, year) April 28-1910
8. No. months of Pregnancy _____
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** David Forsyth
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Carrollville Iowa
(City or town) (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business _____

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Hellie Callahan
17. Color or Race white
18. Age at time of THIS birth _____ yrs.
19. Birthplace Enderlin N. Dak.
(City or town) (State or foreign country)
20. Exact Occupation None
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife _____

State of _____ } ss.
County of _____ }

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the Attendant (Mother, etc.) of the person whose name appears in Item 4. above, that I am now 52 years of age, that I have known this person for 35 years, and that B. E. E. Forsyth (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Subscribed and sworn to before me this 9th day of June 1945
(SEAL) Eva Marshall Signature Amy Callahan
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Notary Public, residing at Spokane

Received for filing on JUN 14 1945 by Mary Holder, Registrar

JUN 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

286-108-009-286

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **406086**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. 514 S. 2nd Ave
(d) Name of Hospital or Maternity Home:

(e) Mother's stay BEFORE delivery:
IN THIS county 8 years 4 months days

4. FULL NAME OF CHILD Vernon Percy Shook

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd

FATHER OF CHILD

10. FULL NAME William Herbert Shook
11. Color white 12. Age at time of THIS birth 34 yrs.
13. Birthplace Rittman, Ohio
(City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. 5th Ave
(e) How long has MOTHER lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)
Sandpoint, Idaho

5. Date of Birth of Child
(Month, day, year) Oct 8, 1910

8. No. months of Pregnancy 9 9. Legitimate? yes

MOTHER OF CHILD

16. FULL MAIDEN NAME Betha May Shook
17. Color white 18. Age at time of THIS birth 27 yrs.
19. Birthplace Waite, Maine
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by , who is related to this child as
(First name) (Last name)
(Mother, etc.)

25. Attendant's OWN signature M.D. Address Date
Midwife

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 33 years, and that Dr. McKinnon, who attended this birth is now deceased I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC FOR THE STATE OF IDAHO

SANDPOINT, IDAHO

MY COMMISSION EXPIRES APRIL 26, 1949

Subscribed and sworn to before this 11 day of June 1945
(SEAL) Alex T. Russell

Betha M. Shook Signature
414 Pine St. Sandpoint Address
Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

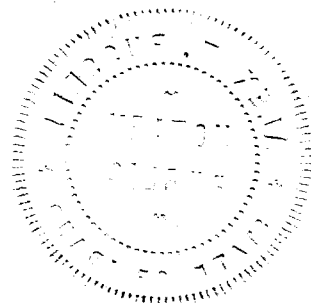
Received for filing on JUN 14 1945 by Mary Elder, Registrar.

JUN 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

249-212044-28.5

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **406106**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County _____ (b) City Weiser
(c) Street Address or R.F.D. No. Not known
(d) Name of Hospital or Maternity Home:
at private home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 0 years 2 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County _____
(c) City Weiser
(d) Street Address or R.F.D. No. _____
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

4. **FULL NAME OF CHILD** Dorothy Luella Smiley

5. **Date of Birth of Child**
(Month, day, year) Dec. 12 - 1910

6. Sex Female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Alfred Myron Smiley
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Missouri
(City or town) (State or foreign country)
14. Exact Occupation Cook
15. Industry or Business Various

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Pearl Ada Sherman
17. Color or Race White 18. Age at time of THIS birth 23 yrs.
19. Birthplace Nebraska
(City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ who is related as _____
(Born alive, stillborn) (First name) (Last name)
(Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Address _____ Date _____
Midwife _____

State of Washington } ss.
County of Ellensburg }

AFFIDAVIT

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4 above, that I am now 57 years of age, that I have known this person for 34 1/2 years, and that cannot be located who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Pearl Ada Sherman Signature
312 N Poplar Ellensburg Wash. Address

Subscribed and sworn to before me this _____ day of June 19 45
(SEAL) _____, Notary Public, residing at Ellensburg
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

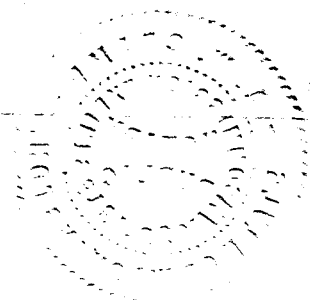
Received for filing on JUN 14 1945 by Walter J. J. J., Registrar

JUN 24 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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✓ 261 728 045 345

407207

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Idaho</u> (b) City <u>Brangerville</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county <u>9</u> years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Idaho</u> (c) City <u>Brangerville</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>4</u> yrs.	
4. FULL NAME OF CHILD <u>Garland Lundell Swanson</u>		5. Date of Birth of Child (Month, day, year) <u>Aug 28-1910</u>	
6 Sex <u>Male</u> 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____		8. No. months of Pregnancy <u>9</u> 9. Legitimate? <u>yes</u>	
FATHER OF CHILD 10. FULL NAME <u>John Emil Swanson</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>37</u> yrs. 13. Birthplace <u>San Jose California</u> (City or town) (State or foreign country) 14. Exact Occupation <u>Warehouseman & Grain</u> 15. Industry or Business <u>Buyer</u>		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Mary Louise Lundell</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>26</u> yrs. 19. Birthplace <u>Stockton California</u> (City or town) (State or foreign country) 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>2</u> (b) Born alive and now living <u>4</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

AFFIDAVIT

State of _____ County of _____ ss. (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 33 years, and that Dr. Campbell who attended this birth Is now deceased I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name) (Is now deceased) or (Cannot be located)

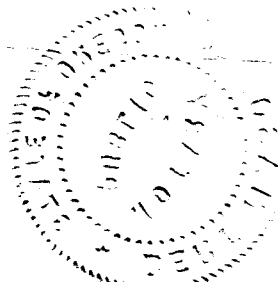
Mary Louise Swanson Signature
Glenn Oregon P. O. Address
Subscribed and sworn to before me this 20 day of June, 1945
(SEAL) _____ Notary Public, residing at _____
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Comm. Exp. 3-9-48
Received for filing on JUN 26 1945 by Mary F. Elder, Registrar

JUN 26 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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795-214006-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **407244**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City near Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 6 years 3 months 15 days
2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot Route 1
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? over six yrs.
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Marguerite Green
5. Date of Birth of Child (Month, day, year) April 14, 1910
6. Sex female 7. Twin or Triplet single If so—born 1st, 2nd, 3rd 3rd
8. No. months of Pregnancy 9 9. Legitimate? yes

- | FATHER OF CHILD | | MOTHER OF CHILD | |
|--|--|---|--|
| 10. FULL NAME | <u>Everett Green</u> | 16. FULL MAIDEN NAME | <u>Ellen Barron</u> |
| 11. Color or Race <u>white</u> | 12. Age at time of THIS birth <u>30</u> yrs. | 17. Color or Race <u>white</u> | 18. Age at time of THIS birth <u>24</u> yrs. |
| 13. Birthplace <u>near Malad, Idaho</u>
(City or town) (State or foreign country) | | 19. Birthplace <u>Ogden Utah</u>
(City or town) (State or foreign country) | |
| 14. Exact Occupation <u>farmer</u> | | 20. Exact Occupation <u>housewife</u> | |
| 15. Industry or Business <u>farming</u> | | 21. Industry or Business <u>farming</u> | |

22. Name prophylactic used to prevent Ophthalmia Neonatorum.
23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at 1:30 A. M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Ellen B. Green who is related as mother (First name) (Last name)
(Mother, etc.)
25. Attendant's OWN signature J. W. Mitchell M.D. Address Blackfoot, Idaho Date May 18, 1945
Midwife

State of } ss.
County of }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this day of 19.....

(SEAL)

....., Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1945 by Mabel Elder, Registrar.

442704

JUL 3 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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154 285021-477
United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

407292
State File No. 407292
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Franklin</u> (b) City <u>Barida</u> (c) Street Address or R.F.D. No. (d) Name of Hospital or Maternity Home: <u>at residence of mother</u> (e) Mothers stay BEFORE delivery: <u>since birth</u> In THIS county years months days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Franklin</u> (c) City <u>Barida</u> (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? <u>31</u> yrs.	
4. FULL NAME OF CHILD <u>Eva Dixon Anderson</u>		5. Date of Birth of Child (Month, day, year) <u>May 5, 1910</u>	
6. Sex <u>Female</u>	7. Twin or Triplet <u>No</u> If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9</u>	9. Legitimate? <u>Yes</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>Lorenzo Anderson</u>		16. FULL MAIDEN NAME <u>Lydia Etta Dixon</u>	
11. Color or Race <u>White</u>		17. Color or Race <u>White</u>	
12. Age at time of THIS birth <u>68</u> yrs.		18. Age at time of THIS birth <u>31</u> yrs.	
13. Birthplace <u>Clarkston, Utah</u> (City or town) (State or foreign country)		19. Birthplace <u>Clifton Idaho</u> (City or town) (State or foreign country)	
14. Exact Occupation <u>Farmer</u>		20. Exact Occupation <u>Housewife</u>	
15. Industry or Business		21. Industry or Business	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>Don't know</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>4</u> (b) Born alive and now living <u>yes</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife

State of California } ss. **AFFIDAVIT**
County of Los Angeles }
I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 48 years of age, that I have known this person for since birth years, and that deceased who attended this birth. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

WILLIAM H. TROSTLER
Subscribed and sworn to before me this 16th day of July
at the County of Los Angeles, State of California,
(Note: Forgery is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Coral Dixon Cartwright Signature
321 E 119 St. Los Angeles 3, Cal P. O. Address
W. H. Trostler Notary Public, residing at Los Angeles Cal

Received for filing on JUL 20 1945 by Mary F. L. L. Registrar

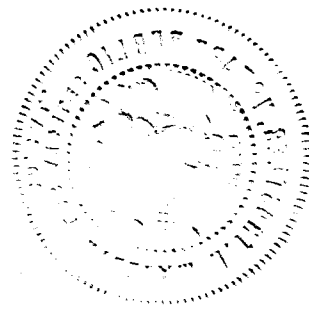
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JUL 24 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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849-213-006-133

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. **407390**

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Aberdeen

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mothers stay BEFORE delivery:

In THIS county 2 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham(c) City Aberdeen

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 2 yrs.3. RESIDENCE OF FATHER (city, state) Aberdeen, Idaho

4. FULL NAME OF CHILD

Julia Harriet Hurt5. Date of Birth of Child Feb. 13, 1910
(Month, day, year)6. Sex Female7. Twin or Triplet ---If so—born
1st, 2nd, 3rd8. No. months
of Pregnancy 2809. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Caperton Hurt11. Color or Race White12. Age at time
of THIS birth 38 yrs.13. Birthplace Alabama
(City or town) (State or foreign country)14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maggie Esther Allen17. Color or Race White18. Age at time
of THIS birth 36 yrs.19. Birthplace Missouri
(City or town) (State or foreign country)20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 4 A. M. on the date

(Born alive, stillborn)

Maggie Esther Allen Hurt

(First name)

(Last name)

and at the place stated above, and that personal particulars were furnished by Motherwho is related as Mother
(Mother, etc.)

25. Attendant's

OWN signature

M.D.

Address

Date

Midwife

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4,
(Mother, etc.)
above, that I am now 71 years of age, that I have known this person for 35 years, and thatDr.

(First name)

McKinnon

(Last name)

, who attended this birth is now deceased I further
(Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139,
1937 Session Laws.Maggie Esther Allen Hurt821 East Bonneville

Signature

P. O. Address

Subscribed and sworn to before me this 13 day of July, 1941

(SEAL)

M. A. HubbellNotary Public, residing at Portland, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 18 1945by Mabel H. Haden

Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

0088704

JUL 10 1945

JUL 20 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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168-208014-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **408373**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>CANYON</u> (b) City <u>PAYETTE</u> (c) Street Address or R.F.D. No. _____ (d) Name of Hospital or Maternity Home: <u>BORN AT HOME</u> (e) Mothers stay <u>BEFORE</u> delivery: In <u>THIS</u> county <u>4</u> years <u>4</u> months <u>14</u> days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>IDAHO</u> (b) County <u>CANYON</u> (c) City <u>PAYETTE</u> (d) Street Address or R.F.D. No. _____ (e) How long has MOTHER lived in Idaho? <u>39</u> yrs.	
4. FULL NAME OF CHILD <u>LOIS BLANCHET JOHNSON</u>		5. Date of Birth of Child (Month, day, year) <u>DEC. 8, 1910</u>	
6. Sex <u>FEMALE</u>	7. Twin or _____ If so—born _____ Triplet _____ 1st, 2nd, 3rd _____	8. No. months _____ of Pregnancy <u>9</u>	9. Legitimate? <u>YES</u>
FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME <u>ALBERT J. Johnson</u>		16. FULL MAIDEN NAME <u>DOROTHY V BARRON</u>	
11. Color or Race <u>WHITE</u>		17. Color or Race <u>WHITE</u>	
12. Age at time of THIS birth <u>21</u> yrs.		18. Age at time of THIS birth <u>21</u> yrs.	
13. Birthplace (City or town) <u>MISSISSIPPI</u> (State or foreign country)		19. Birthplace (City or town) <u>VAILMONT COLORADO</u> (State or foreign country)	
14. Exact Occupation <u>GLARR</u>		20. Exact Occupation <u>WAITRESS</u>	
15. Industry or Business <u>MERCILE</u>		21. Industry or Business <u>CAFE</u>	
22. Name prophylactic used to prevent Ophthalmia Neonatorum <u>NONE</u>			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's _____ **M.D. Address** _____ **Date** _____
OWN signature _____ **Midwife** _____

State of _____ }
County of _____ } **SS.**

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)
I, the undersigned, being first duly sworn, say that I am the MOTHER of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for LIFE years, and that DAVEY who attended this birth. DECEASED I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-
(First name) (Last name) (Is now deceased) or (Cannot be located)

Received under Chapter 139, 1937 Session Laws.

Dorothy B. Carleton Signature
1711 Colorado P. O. Address

Subscribed and sworn to before me this 25th day of July 1945
(SEAL) Wm. F. Fisher Notary Public, residing at Boise, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

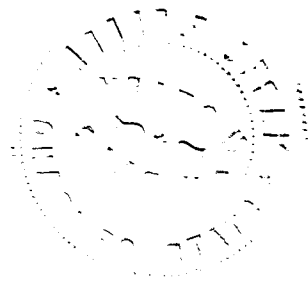
Received for filing on July 25 - 1945 by Wm. F. Fisher, Registrar

JUL 25 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **408453**
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County.....**Latah**..... (b) City.....**Genesee**.....
(c) Street Address or R.F.D. No.....**R.F.D. #1**.....
(d) Name of Hospital or Maternity Home:
Family residence.
(e) Mother's stay **BEFORE** delivery:
IN THIS county 28 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State.....**Idaho**..... (b) County.....**Latah**.....
(c) City.....**Genesee**.....
(d) Street Address or R.F.D. No.....**R.F.D. #1**.....
(e) How long has **MOTHER** lived in Idaho?.....**28** yrs.
3. **RESIDENCE OF FATHER** (city, state)**Genesee, Idaho**

4. **FULL NAME OF CHILD** **Pearl Evelyn Perkins**
6. Sex **Female** 7. Twin or Triplet If so—born 1st, 2nd, 3rd

5. Date of Birth of Child
(Month, day, year).....**June 6, 1910**

8. No. months of Pregnancy **9** 9. Legitimate? **Yes**

FATHER OF CHILD

10. **FULL NAME** **Fred Berdette Perkins**
11. Color **White** 12. Age at time of THIS birth.....**29** yrs.
13. Birthplace.....**Mt. Zion, Iowa**.....
(City or town) (State or foreign country)
14. Exact Occupation.....**Farmer**.....
15. Industry or Business.....**Farming**.....

MOTHER OF CHILD

16. **FULL MAIDEN NAME** **Ruth Naylor**
17. Color **White** 18. Age at time of THIS birth.....**28** yrs.
19. Birthplace.....**Moscow, Idaho**.....
(City or town) (State or foreign country)
20. Exact Occupation.....**Housewife**.....
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....**Unknown**
23. Number of children of this mother: (a) At time of birth and including this child.....**1**..... (b) Born alive and now living.....**1**.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by....., who is
related to this child as.....
(Mother, etc.) (First name) (Last name)

25. Attendant's **OWN** signature M.D. Midwife Address Date
State of.....**Idaho**.....
County of.....**Latah**..... } ss. **AFFIDAVIT** to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....**mother**.....of the person whose name appears in Item 4, above, that I am now.....**59**.....years of age, that I have known this person for.....**31**.....years, and that **Dr. W. H. Ehlin**....., who attended this birth.....**is now deceased.**..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruth Naylor Perkins.....Signature
Moscow, Idaho.....P. O. Address

Subscribed and sworn to before me this.....**26th**.....day of.....**February**....., 19**42**.....

(SEAL)

E. L. Thompson

Notary Public, residing at.....**Moscow, Idaho**.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....**AUG 9 1945**.....by.....**Mabel Elder**....., Registrar.

DELAYED REGISTRATION LAW

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Dup of 1910-DS6-1282

DELAYED

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

556 227 023 292

(Be sure the information is as of date of birth of THIS child.)

United States Department of Commerce Bureau of the Census **CERTIFICATE OF BIRTH** STATE OF IDAHO

State File No. **408458**
Local Reg. No. _____
Reg. Dist. No. _____

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City _____
(c) Street Address or R.F.D. No. _____
(d) Name of Hospital or Maternity Home: _____
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No. R.F.D. #1
(e) How long has MOTHER lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett, Idaho

4. **FULL NAME OF CHILD** Grace Sarah Newman

5. Date of Birth of Child (Month, day, year) Apr. 27, 1910

6 Sex female 7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ebner Lewis Newman

11. Color white or Race American

12. Age at time of THIS birth _____ yrs.

13. Birthplace Middleton, Idaho
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Blanche Maude Bishop

17. Color white or Race American

18. Age at time of THIS birth _____ yrs.

19. Birthplace Carrollton, Iowa
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business _____

22. Name prophylactic used to prevent Ophthalmia Neonatorum _____

23. Number of children of this mother: (a) At time of birth and including this child _____ (b) Born alive and now living _____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Address _____ Date _____
Midwife _____

State of Oregon County of Multnomah } ss. (To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 35 years, and that B. O. Clark, physicial, who attended this birth cannot be located further (First name) (Last name) (Is now deceased) or (Cannot be located)

state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Blanche M. Newman Signature
6258 S. E. Ogden, Portland, Ore O. Address

Subscribed and sworn to before me this 30th day of July, 1945.

(SEAL) Marie Degarimore, Notary Public, residing at Portland, Ore

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

My commission expires July 12th, 1948.

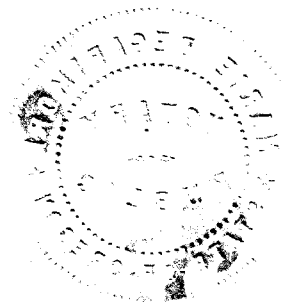
Received for filing on Aug 19 1945 by Mary E. Elder, Registrar

AUG 10 1945

DELAYED REGISTRATION LAW

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

415-222 028 993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **408510**
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH (All items at time of this birth) (a) County <u>Monteale</u> (b) City <u>Coeur d'Alene</u> (c) Street Address or R.F.D. No. <u>Sherman</u> (d) Name of Hospital or Maternity Home: _____ (e) Mothers stay BEFORE delivery: In THIS county <u>6</u> years — months — days		2. USUAL RESIDENCE OF MOTHER (At time of this birth) (a) State <u>Idaho</u> (b) County <u>Monteale</u> (c) City <u>Coeur d'Alene</u> (d) Street Address or R.F.D. No. <u>Sherman Street</u> (e) How long has MOTHER lived in Idaho? <u>6</u> yrs.	
4. FULL NAME OF CHILD <u>Adeline Estelle Davis</u>		5. Date of Birth of Child (Month, day, year) <u>June 28 - 1910</u>	
6. Sex <u>Female</u>	7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd	8. No. months of Pregnancy <u>9 mo.</u>	9. Legitimate? <u>yes</u>
FATHER OF CHILD 10. FULL NAME <u>George Clay Davis</u> 11. Color or Race <u>White</u> 12. Age at time of THIS birth <u>20</u> yrs. 13. Birthplace _____ (City or town) _____ (State or foreign country) <u>United States</u> 14. Exact Occupation <u>Miner</u> 15. Industry or Business _____		MOTHER OF CHILD 16. FULL MAIDEN NAME <u>Bernice Wilma Richardson</u> 17. Color or Race <u>White</u> 18. Age at time of THIS birth <u>19</u> yrs. 19. Birthplace <u>Hannibal Missouri</u> (City or town) _____ (State or foreign country) _____ 20. Exact Occupation <u>Housewife</u> 21. Industry or Business _____	
22. Name prophylactic used to prevent Ophthalmia Neonatorum _____			
23. Number of children of this mother: (a) At time of birth and including this child <u>1</u> (b) Born alive and now living <u>1</u>			

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ at _____ M. on the date _____ and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ **M.D. Address** _____ **Date** _____
Midwife _____

AFFIDAVIT

State of Arizona } ss. (To be completed when the attendant does not sign in Item 25.)
County of Maricopa }
I, the undersigned, being first duly sworn, say that I am the uncle of the person whose name appears (Mother, etc.)
in Item 4, above, that I am now 56 years of age, that I have known this person, for 35 (since birth) years, and that the midwife Vene Harrison, who attended this birth is now deceased, I further (Is now deceased) or (Cannot be located)
state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Poland R Richardson Signature
2210 W. Van Buren, Phoenix, Ariz. P. O. Address
Subscribed and sworn to before me this 11th day of June, 1945.
(SEAL) Max Shinton Notary Public, residing at Phoenix Arizona
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
Received for filing on AUG 17 1945 by Malvina Registrar
Commission Expires May 28, 1947

011508
AUG 18 1945

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